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PROCEEDINGS
OF THE
CONNECTICUT
STATE MEDICAL SOCIETY

1919

127th ANNUAL CONVENTION

HELD AT

BRIDGEPORT, MAY 21st and 22d, 1919

EDITOR

JAMES FREDERICK ROGERS

PUBLISHED BY THE SOCIETY

PRINTED, JULY, 1919

The Connecticut State Medical Society does not hold itself responsible for the opinions contained in any article unless such opinions are indorsed by special vote. All communications intended for the Connecticut State Medical Society should be addressed to the secretary, John E. Lane, M.D., 59 College Street, New Haven, Conn.

The next annual meeting of the Connecticut State Medical Society will be held in New Haven, May 19th and 20th, 1920.

The next semi-annual meeting of the Connecticut State Medical Society will be held in conjunction with that of the Tolland County Medical Association at the Mansfield State Training School and Hospital, Mansfield Center, Tuesday, October 21st, 1919.

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OFFICERS OF THE SOCIETY.

1919-1920.

President.

CHARLES B. GRAVES, M.D., New London.

Vice-Presidents.

GEORGE H. NOXON, M.D., Darien.

FRANK H. WHEELER, M.D., New Haven.

Secretary.

JOHN E. LANE, M.D., New Haven.

Treasurer.

PHINEAS H. INGALLS, M.D., Hartford.

Editor of the Proceedings.

JAMES F. ROGERS, M.D., New Haven.

COMMITTEES.

1919-1920.

STANDING COMMITTEES.

COMMITTEE ON SCIENTIFIC WORK.

Charles J. Bartlett, *Chairman*. Frank H. Barnes.
The Secretary.

COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

1915 Charles A. Tuttle, *Secretary*. 1917 Seldom B. Overlock.
1916 John C. Rowley. 1918 Robert L. Rowley.
1919 Fritz C. Hyde.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

E. K. Root, *Chairman*. C. J. Foote.
C. C. Gildersleeve. C. E. Simonds.
W. H. Donaldson. James Murphy.
R. S. Goodwin. T. F. O'Loughlin.
The President. The Secretary.

COMMITTEE ON HONORARY MEMBERS AND DEGREES.

E. K. Root, *Chairman*. C. J. Bartlett.
F. K. Hallock.

SPECIAL COMMITTEES.

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

F. K. Hallock, *Chairman*. George Blumer.
John L. Buel. F. T. Simpson.
Charles D. Alton.

COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOLS.

E. W. Goodenough, *Chairman*. Thomas G. Sloan.
Charles P. Botsford. Jeremiah J. Cohane.
Dorland Smith.

COMMITTEE ON NATIONAL LEGISLATION.

D. Chester Brown.

COMMITTEE ON MEDICAL DEFENSE.

William R. Miller, *Chairman*. Frank H. Wheeler.
Phineas H. Ingalls.

COMMITTEE ON HOSPITALS.

| | |
|-----------------------------------|--------------------|
| Philip W. Bill, <i>Chairman</i> . | George Blumer. |
| Charles A. Tuttle. | Walter R. Steiner. |
| Wilder Tileston. | |

COMMITTEE ON THE HISTORY OF THE MEDICAL PROFESSION OF
CONNECTICUT IN THE WORLD WAR.

| | |
|-------------------------------------|--------------------|
| Frank H. Wheeler, <i>Chairman</i> . | George Blumer. |
| D. Chester Brown. | Walter R. Steiner. |
| The Secretary. | |

COMMITTEE ON HEALTH INSURANCE.

| | |
|--------------------------------|-----------------|
| C. J. Foote, <i>Chairman</i> . | F. H. Wheeler. |
| W. H. Donaldson. | Paul Waterman. |
| C. C. Gildersleeve. | F. K. Hallock. |
| E. K. Root. | Elias Pratt. |
| D. R. Lyman. | H. L. F. Locke. |

COMMITTEE ON THE RECOMMENDATIONS CONTAINED IN THE REPORTS OF
THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION, THE
WAR COMMITTEE, AND THE COMMITTEE ON NATIONAL
LEGISLATION.

| | |
|-------------------------------------|---------------|
| D. Chester Brown, <i>Chairman</i> . | F. H. Barnes. |
| W. H. Carmalt. | R. C. White. |
| Charles B. Graves. | |

COMMITTEE ON PUBLICATION.

| | |
|--------------------------------------|--------------------------------|
| Walter R. Steiner, <i>Chairman</i> . | The Editor of the Proceedings. |
| The Secretary. | |

COMMITTEE ON PERMANENT FUNDS.

| | |
|--------------------|---------------------|
| Walter R. Steiner. | Thomas F. Rockwell. |
| The Treasurer. | |

AUDITORS.

| | |
|--------------------|---------------------|
| Walter R. Steiner. | Thomas F. Rockwell. |
|--------------------|---------------------|

DELEGATES.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

| | |
|-------------------------------|---------------------------------|
| Walter R. Steiner, 1919-1920. | Alternate, F. K. Hallock. |
| John E. Lane, 1920-1921. | Alternate, Charles J. Bartlett. |

DELEGATES TO STATE ASSOCIATIONS.

| | |
|---------------------|------------------|
| RHODE ISLAND. | VERMONT. |
| C. C. Gildersleeve. | W. H. Donaldson. |
| NEW HAMPSHIRE. | MASSACHUSETTS. |
| Daniel P. Griffin. | H. G. Anderson. |

HOUSE OF DELEGATES.

COUNCILORS.

FAIRFIELD COUNTY.

1918 FRANK W. STEVENS.

HARTFORD COUNTY.

1919 WALTER R. STEINER.

LITCHFIELD COUNTY.

1918 ELIAS PRATT.

MIDDLESEX COUNTY.

1919 GEORGE N. LAWSON.

NEW HAVEN COUNTY.

1918 WILLIAM H. CARMALT.

NEW LONDON COUNTY.

1919 CHARLES C. GILDERSLEEVE.

TOLLAND COUNTY.

1918 THOMAS F. ROCKWELL.

WINDHAM COUNTY.

1919 SELDOM B. OVERLOCK.

DELEGATES.

FAIRFIELD COUNTY.

C. C. Godfrey.
W. T. Godfrey.
W. C. Watson.

C. W. Gardner.
G. H. Warner.
J. W. Avery.

HARTFORD COUNTY.

R. J. Boyle.
W. H. Crowley.
E. O. Elmer.

I. W. Kingsbury.
E. G. Fox.
G. W. Dunn.

J. P. Carver.

LITCHFIELD COUNTY.

| | |
|----------------|-----------------|
| F. W. Wersebe. | H. B. Hanchett. |
|----------------|-----------------|

MIDDLESEX COUNTY.

| | |
|----------------|--------------------|
| F. K. Hallock. | S. S. S. Campbell. |
|----------------|--------------------|

NEW HAVEN COUNTY.

| | |
|---------------|------------------|
| D. R. Lyman. | F. N. Sperry. |
| H. Thoms. | R. A. McDonnell. |
| J. F. Rogers. | L. M. Gompertz. |
| G. Blumer. | H. G. Anderson. |
| F. G. Graves. | J. H. Buffum. |

NEW LONDON COUNTY.

| | |
|----------------|----------------|
| W. K. Tingley. | A. C. Freeman. |
|----------------|----------------|

TOLLAND COUNTY.

F. W. Walsh.

WINDHAM COUNTY.

| | |
|----------------|--------------|
| C. E. Simonds. | E. F. Perry. |
|----------------|--------------|

MINUTES OF THE HOUSE OF DELEGATES.

FIRST SESSION.

The first meeting of the House of Delegates was held at the Welfare Building, Bridgeport, on Wednesday, May 21, 1919, at 10:15 A. M. The following officers and delegates were present during the meeting: President C. J. Bartlett; Vice-President James H. Kingman; Treasurer P. H. Ingalls; Secretary J. E. Lane; Councilors F. W. Stevens, Fairfield County; W. R. Steiner, Hartford County; G. N. Lawson, Middlesex County; W. H. Carmalt, New Haven County; C. C. Gilderleeve, New London County. Delegates: Fairfield County—C. C. Godfrey, W. T. Godfrey, C. W. Gardner, W. C. Watson, J. W. Avery; Hartford County—R. J. Boyle, W. H. Crowley, G. W. Dunn; Litchfield County—F. W. Wersebe, H. B. Hanchett; Middlesex County—F. K. Hallock, S. S. S. Campbell; New Haven County—J. F. Rogers, G. Blumer, F. G. Graves, F. N. Sperry, R. A. McDonnell, L. M. Gompertz, H. G. Anderson, J. H. Buffum; New London County—A. C. Freeman; Tolland County—none; Windham County—C. E. Simonds, E. F. Perry.

As no quorum was present at the beginning of the meeting it was voted that the reports be presented without waiting for a quorum. A quorum was present shortly after the beginning of the meeting before any business was transacted.

The following reports were read, accepted, and ordered on file, with the exception of the report of the Committee on Medical Examination and Medical Education, and the report of the Councilor from Windham County, which were not read.

(1) REPORT OF THE PRESIDENT.

CHARLES J. BARTLETT, New Haven.

Gentlemen of the House of Delegates:

The official duties of the President of this Society for the past year have not been burdensome, and it has been a pleasure to perform them.

The last year has made unprecedented demands on the medical profession. The absence of so many of our colleagues in government service, coupled with the appearance of the greatest epidemic of modern times, produced a situation which will not be forgotten by any of us who experienced it. The subject needs no elaboration here.

It is a matter for professional pride that this state, with its call for an unduly large quota of physicians for the army, was able to fill the quota, and to do this with men of such ability as those who entered the service. The report of this work will be given by the appropriate committee.

During the year two ex-presidents of this society have died, both well advanced in years: Dr. George L. Porter of Bridgeport, at the age of 81, and Dr. Rienzi Robinson of Danielson, at the age of 77. Dr. Porter served as president in 1887, and Dr. Robinson in 1895.

In spite of the epidemic which then prevailed, the semi-annual meeting of this Society was held with the New London County Medical Association in October last. Aside from this, all of the fall meetings of the County Associations either were omitted or in some of the counties were postponed and a business meeting was called later. I have, however, had the pleasure of attending meetings of all the component county societies except that of Windham County. The date of holding the latter's spring meeting and that of the New Haven County meeting unfortunately conflicted. Attendance upon these meetings I have found to be of distinct value and I have learned in some of the counties, whose membership is limited in numbers, how much of interest there may be even when only a very few physicians can get together.

The Chairman of the Council, the Chairman of the Committee on Public Policy and Legislation, and the President met, by invitation, with the Commission which was created by the Connecticut General Assembly of 1917 to consider the so-called "Omnibus Bill." The portion of this bill under discussion was that relating to compulsory Health Insurance. The opinion expressed by your representatives was that it would be unwise for

that Commission to recommend to the General Assembly of 1919 any measure which would at this time require any considerable readjustment on the part of the medical profession; and this because of the readjustment which had already been made necessary by war conditions. I think it fortunate that this subject has been left for future consideration.

I have heard the suggestion made, and wish to endorse it here as a recommendation, that during the sessions of the General Assembly of the State a lawyer should be retained by the appropriate committee of this Society to study the bills that are presented which may affect the medical profession, or which may be detrimental to the health interests of the State. It is hardly fair to ask any physician or any committee of this Society to take the necessary time to do this, and such an assistant for the Committee on Public Policy and Legislation seems desirable.

There is another matter which I would like to bring to your attention in the form of a recommendation and that is that the delegates from this Society to the American Medical Association should be, ex-officio, members of this House of Delegates, either with or without the privilege of voting. As they represent us in that national assembly, it is desirable that they should always be fully informed regarding any discussions which occur here; and should be present to furnish such direction and advice as their knowledge of the business of the American Medical Association make them peculiarly fitted to give.

The Secretary of this Society has suggested to each of the component County Associations the desirability of having the clerk of each County Association included annually among the delegates who represent them here. I have previously advocated this in our New Haven County meetings and am convinced that it should become the established policy to have this done in each county. No other member as a rule has such intimate knowledge of the work of the County Association as the clerk. With the clerks as members of the House of Delegates, and with the delegates of the American Medical Association also as members of the House, there is an unbroken connection between the County and the National Association.

The remarkable record made by our Secretary in delivering each of the last two volumes of the Proceedings of this Society within a time limit which some of us had declared was impossible is deserving of full recognition. This change has deprived the book of that halo of antiquity which had always gathered around it by the time it appeared in the early spring months of the next year. But so far no complaint has been heard.

I feel that we should congratulate ourselves upon the efficient manner in which the Council, the Secretary and the Treasurer, and the active committees conduct the work of this Society.

Respectfully submitted,

C. J. BARTLETT.

(2) REPORT OF THE SECRETARY.

DR. JOHN E. LANE, New Haven.

Mr. President and Members of the House of Delegates:

The Semi-Annual Meeting of the Society was held at the Crocker House, New London, October 3, 1918, in conjunction with the New London County Association. As this meeting was held at the height of the epidemic of influenza, from which New London was suffering severely, the attendance was small and very few New London physicians were able to attend. Middlesex County was the only other county which was able to hold the fall meeting. This meeting was held on January 13, 1919, having been postponed from the regular time.

While the past year has been one of unusual activity for the officials and committees of the Society the work has not been nearly as exacting as it was during the previous year. This was due to two causes: first, the declaration of the armistice which permitted a gradual cessation of the war activities of the Society; and secondly and chiefly, to the fact that the Chairman of the War Committee and Medical Aid to the Governor, Major D. Chester Brown, was called from the State to duty in the office of the Provost Marshal General at Washington. This richly deserved recognition of his services in the organization of the

medical profession of this State necessitated his departure and removed the propelling force of many committees and activities.

A large amount of the work of the Society has been done in connection with the war, but it is unnecessary to give the details of it here as a full report will be presented by the War Committee.

It is, however, fitting to quote parts of some of the citations received by one of our members who has especially distinguished himself for his courage:

"For extraordinary heroism in action at Seicheprey on April 20, 1918. He administered first aid for thirty-six hours, without rest or relief, to numerous wounded in the open, almost constantly under heavy artillery fire, and assisted in their evacuation, thereby setting an example of heroic performance of duties under the most trying circumstances"; and "the following act of extraordinary heroism: On September 26, 1918, near Marcheville, he displayed the highest courage and devotion to duty, being continually present on the front line administering first aid to the wounded under violent artillery and machine gun fire."

The officer referred to is Major Charles W. Comfort.

During the past year one of our honorary members, Thomas Addis Emmett, has died. Two of our former presidents have also died, Rienzi Robinson and George Loring Porter.

The following deaths have been reported by the Secretaries of the County Associations since the last annual meetings of the County Societies:

FAIRFIELD COUNTY

Charles Nahum Haskell, Bridgeport.

Jacob Rush May, Bridgeport.

George Loring Porter, Bridgeport.

Morris Steinberger, Bridgeport.

HARTFORD COUNTY

Arvid Anderson, New Britain.

George Francis Lewis, Collinsville.

Jeremiah Everett McSweeney, Hartford.

Joseph Patrick Ryan, Hartford.

LITCHFIELD COUNTY

William Winthrop Wellington, Terryville.

NEW HAVEN COUNTY

Frederick Bellosa, New Haven.
 William Joseph Delaney, Naugatuck.
 Charles Woodward Gaylord, Branford.
 Henry Kingsley Hine, Waterbury.
 Joseph B. Monahan, New Haven.
 Donald G. Russell, Wallingford.
 William Patrick Wilson, Wallingford.

NEW LONDON COUNTY

Albert Taylor Chapman, Old Mystic.
 Robert E. Harrington, Montville.
 Herbert H. Howe, Yantic.
 Newton Phineas Smith, Norwich.

TOLLAND COUNTY

Cyrus Henry Pendleton, Hebron.

WINDHAM COUNTY

Louis Ovide Morasse, Putnam.
 Rienzi Robinson, Danielson.

The following new members have been admitted to the Society :

FAIRFIELD COUNTY

Claudius Virgil Calvin, Bridgeport.
 Henry Aaron Neumann, Bridgeport.
 Robert Hallock Wright Strang, Bridgeport.
 Stanton Reinhart Smith, Bridgeport.
 LeRoy A. Wilkes, Bridgeport.

HARTFORD COUNTY

William James Fay, Hartford.
 James Edward Murphy, Hartford.
 George Eugene Tucker, Hartford.

LITCHFIELD COUNTY

Clark K. Peterson, Lakeville.
 Lisle William Woodhouse, Terryville.

MIDDLESEX COUNTY

Edward Thomas Gibson, Middletown.

NEW HAVEN COUNTY

Reuben Harry Alpert, New Haven.
 Zelly A. Bonoff, New Haven.
 Herman Wolmer Grodzinsky, New Haven.
 Edgar Mayer Johnson, New Haven.
 Arthur Weil, New Haven.

NEW LONDON COUNTY

Edmund Latham Douglass, Groton.

WINDHAM COUNTY

William Edward Hendrie, Willimantic.

The following table shows the present membership and the changes which have taken place in membership during the past year :

| County Associations | Total Membership | New Members | Reinstatements | Added by Transfer | Died | Removed or Resigned | Suspended or Dropped | Gain | Loss |
|-------------------------|------------------|-------------|----------------|-------------------|------|---------------------|----------------------|------|------|
| Fairfield County | 200 | 6 | 0 | 0 | 4 | 4 | 8 | 0 | 10 |
| Hartford County | 240 | 3 | 0 | 0 | 4 | 0 | 0 | 0 | 1 |
| Litchfield County | 69 | 2 | 0 | 0 | 1 | 0 | 2 | 0 | 1 |
| Middlesex County | 50 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 |
| New Haven County | 319 | 5 | 0 | 0 | 7 | 4 | 1 | 0 | 7 |
| New London County | 63 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 3 |
| Tolland County | 17 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Windham County | 36 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 1 |
| Totals | 994 | 19 | 1 | 0 | 23 | 9 | 11 | 1 | 24 |

The net loss in membership is 13.

The Secretary has received a letter from Dr. Harvey Cushing asking him to convey to the House of Delegates the acceptance of and appreciation for his election as an honorary member of the Society.

As the modesty of the senior delegate to the American Medical Association will probably prevent sufficient notice of the fact in his report, it should be stated here that the House of Delegates at its last annual session unanimously elected Dr. D. Chester Brown to fill the vacancy in the Board of Trustees created by the death of Dr. E. J. McKnight. It is a marked honor for this Society to have had two of its delegates successively elected to this position, as well as a signal tribute to the

qualities of the men who have been sent as representatives of this Society.

The subject of health insurance is likely to soon become of acute importance to the profession of this State and the Committee on Scientific Work has decided to devote a large part of one of the Scientific Sessions to its discussion. The Society is particularly fortunate in having been able to secure two speakers who are well known as students of the subject, Dr. Alexander Lambert, President-elect of the American Medical Association, and Dr. Henry Lyle Winter, Chairman of the Committee on Medical Economics of the Medical Society of the State of New York. It is suggested that as the effect of health insurance laws on the physician's economic welfare is likely to be of great importance, a special committee be appointed for the study of this question in order that we may be prepared, if necessary, to protect our interests at the next session of the Legislature.

It has been the aim of the Committee on Scientific Work to have as many County Societies and sections of the State as possible represented on the programme of the Annual Meetings. With this object in view the committee has repeatedly appealed to County Secretaries, Councilors and others to suggest names of speakers. These appeals have not been uniformly successful. The committee hereby requests any member who wishes to read a paper at the next Annual Meeting to give his name and the title of the paper to the Secretary of the State Society or to the Secretary of his County Society before the first of February. The committee will carefully consider all names and put on the programme as many as the time and character of the meeting permit.

The hearty coöperation of the officers and committees of the Society, of the members who read papers, of the County Secretaries, of the printers, and of Mr. Holmes, the stenographer, has again permitted the Secretary to issue the Proceedings promptly. They were ready for mailing on June 22, 1918, thirty-seven days after the meeting, as compared with fifty-six days in the preceding year. In the opinion of the Secretary this time

cannot be diminished to any appreciable degree, at a time of year when both physicians and printers are rushed with work. It will be possible to accomplish it in as short a time as this only by the continued coöperation of all concerned. If those who read papers will hand copies to the Editor three or four weeks before the meeting and if those who discuss papers promptly correct and return their discussions, the Proceedings can be published in a reasonably short time after the meeting.

In addition to those just mentioned the Secretary owes and hereby renders special thanks to the Chairman of the Council, Dr. Carmalt, for his continuous interest and assistance in all duties; to Dr. Steiner, for much labor performed in hunting through records to correct and complete various lists; to the Editor of the Proceedings, Dr. Rogers, for his painstaking care of the many details of the work of publication and for much other assistance; and to the President, Dr. Bartlett, for advice on many subjects.

Respectfully submitted,

JOHN E. LANE, *Secretary.*

(3) REPORT OF THE CHAIRMAN OF THE COUNCIL.

DR. WILLIAM H. CARMALT, New Haven.

Mr. President and Gentlemen of the House of Delegates:

The most notable event in the medical point of view during the past year has been the exceedingly widespread prevalence of influenza which began in the early autumn and continued with abated force until late February or early March.

What I have to say is based almost entirely on a paper read by Dr. J. F. Rogers to the New Haven County Medical Association which will be published with illustrative maps and charts in our Proceedings, though a very condensed abstract may be of interest as a report of the Chairman of the Council, with the recommendation that you do not fail to study the original and its graphic illustrations.

Dr. Rogers' paper was based mainly on the mortality records of the State Board of Health; it shows that the disease first appeared in New London in early September, 1918, and spread gradually westward making a fairly uniform progress, embracing the whole breadth of the state with a couple of isolated areas at Meriden and Wallingford and at Derby and Ansonia, where it appeared before being recognized in other parts of the middle part of the state, i. e., from a north and south line running approximately from about Stafford on the north to about Waterford on the south, as the eastern boundary to another line running from Colebrook to Stepney as the western boundary; from this line to the New York State border formed a third great division. The maximum of deaths in these three divisions was reached in the weeks ending October 12, 19, and 26, respectively. The course of the disease as a whole was fairly uniform, about two months; beginning in the middle of September, 1918, it reached its maximum in the middle of November and then gradually subsided, though cases continued to occur until the last of March, 1919.

An interesting feature in the mortality rate as between the manufacturing and agricultural districts in the same county is shown in one chart; as in New Haven County when the death rate in the manufacturing towns reached a maximum for the week of 135 per 100,000 of the population, while in the agricultural districts the death rate was but about 75 per 100,000. In Litchfield County the corresponding death rates were 123 to 30; in Fairfield County they were 80 to 55; in the last named county the proportion of urban to rural population was greater. The most striking comparison, however, is in Windham County, where Windham town with a population of 40,000 had a death rate of 405 to the 100,000, while outside of this community the death rate was but 75 to the same number of population. If one compares the towns untouched by railroads with the state as a whole, the mortality rate was as 45 to 125 to the 100,000. Dr. Rogers' paper and charts show many more interesting details all illustrating known facts showing that this, like other epidemics, spread most fiercely where people congregate and

especially that insanitary housing conditions, confined and illy-ventilated workshops are chiefly responsible for high death rate; the point of interest is in showing these facts from a comprehensive state-wide survey.

In the similar epidemic of 1889-90 which was then called LaGrippe, as we now familiarly but incorrectly designate this as the Spanish influenza, a sharp differentiation was kept between deaths from influenza and those from pneumonia, this being considered the usual type of lobar pneumonia due to the specific pneumococcus bacillus. In my report as councilor from New Haven County I speak briefly of the investigations by Dr. Winternitz at the Brady Pathological Laboratory of the New Haven Hospital, which show that nearly all the deaths in the present epidemic occurring in that hospital were really due to what may be called confluent broncho-pneumonia, hence in the statistics of the former epidemic the mortality rate should, when making comparisons with this one, include both influenza and pneumonia, and Dr. Rogers states that the death rate for this epidemic including as it must those of influenza and pneumonia is twenty times that of 1889-90 for influenza alone.

In making a further comparison between the two epidemics, Dr. Rogers discovered that communities with a high death rate in 1889-90 showed a low death rate in 1918-19 and vice versa, those with a low death rate in 1889-90 had a high death rate in this epidemic, and that the majority of cases in the former epidemic were between the ages of 15 and 50 years. It would appear from this that the attacks in the former epidemic conferred an immunity on those who lived to the present time, while communities which escaped then became more susceptible to the virus now. These facts would indicate an identity in the virus of the two epidemics. As we have not yet been able to identify with certainty the actual bacillus of this epidemic, nothing can be proven on that line, but the above facts have a significance that cannot be ignored.

Respectfully submitted,

WILLIAM H. CARMALT, *Chairman.*

(4) REPORTS OF THE COUNCILORS.

(a) *Fairfield County, Dr. F. H. Barnes, Acting Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The fall meeting of the Fairfield County Medical Association was held at the Hotel Stratfield, Bridgeport, Conn., on April 8, 1918. A very full programme was presented. Dr. W. F. Burrows of New York City presented a very interesting paper on "Intestinal Toxemia, its Medical and Surgical Treatment." Observations on War Surgery were made by Lieutenant Colonel G. W. Hawley recently returned from France.

During the year six new members were admitted. Four died, one was transferred and one resigned, leaving the total the same, two hundred and nine.

All the members are looking forward to the May meeting of the State Society with great anticipation and pleasure. Our fall meeting, which was scheduled for Greenwich, Conn., was omitted on account of the prevailing grippe epidemic.

In presenting my report as councilor for the past year I make no note of the work done by members of our Society who are now in active service or have served in the army or navy. Am leaving such report to the Committee on Medical Defense. Suffice it to say that they have served their country and served it well.

It has been suggested that the laws relative to compensation should be changed so that any employee may select his own physician or surgeon when necessity for treatment arises. A thorough discussion of this matter might be wise at this time.

There have been few changes throughout the county during the past year. If anything, the work of the profession has been to promote harmony and a better feeling generally among our medical men.

The new hospital in Norwalk has been opened with a full staff and the new quarters are greatly appreciated by the medical men of that city. A new nurses' home is greatly desired and steps are being taken to purchase a piece of property for that purpose.

The new hospital accommodations in Greenwich are all that could be desired.

Danbury physicians report a successful year with no changes of note in the hospital line.

The new Charities Building is open in Bridgeport with all departments busy.

Stamford reports a new nurses' home adjoining the present property. The building and land were presented to the Stamford Hospital by Mr. and Mrs. C. O. Miller of that city. A fine new piano was presented to the nurses by the members of the Stamford Medical Society.

To summarize, the year has been one of progress along medical lines and of greater harmony among the medical men of Fairfield County.

Respectfully submitted,

F. H. BARNES,
Acting Councilor.

(b) *Hartford County, Walter R. Steiner, Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The Hartford County Medical Association has had an uneventful year. The war played sad havoc with our membership, as many were away and the duties of those remaining at home made well-attended meetings impossible. In the fall the influenza epidemic compelled us to omit the usual October meeting. The spring gathering, however, had a good representation of our members present, and we enjoyed hearing three papers from those who had been in service in the Medical Officers' Reserve Corps. During the dinner at our spring session, Dr. W. D. Mackenzie spoke on the League of Nations, and Dr. W. F. Verdi of New Haven told us about some of his experiences in France.

We have lost during the year three members, Doctors Lewis, McSweeney, and Ryan. Their obituaries will appear in the coming transactions so they will receive no extended notice here. We now have 242 members, including the three new members who were elected at our spring meeting.

The New Britain Hospital is happy as being the recipient of about \$1,000,000 from the late Darius Miller of that city. The

other hospitals in the county have continued their efficient work, although frequently poorly manned during the war, and often cramped by lack of funds.

Respectfully submitted,

WALTER R. STEINER,
Councilor.

(c) *Litchfield County, Elias Pratt, Councilor.*

Mr. President and Gentlemen of the House of Delegates:

Nothing of special note has occurred in the activities of the Society during the past year. Owing to the work the members were doing on the draft boards and the epidemic of influenza there was no scientific programme at the semi-annual meeting in October. The annual meeting in April was of especial interest. Our President made us a visit and Drs. Turkington, Adams, and Woodward gave us a very interesting and entertaining account of their experiences in the service of the United States. Drs. Turkington and Adams pictured camp life from the humorist's as well as the physician's point of view, while Dr. Woodward gave us a very graphic description of front line service in the British Army during the drive in the later months of the war.

We lost by death one member, Dr. W. W. Wellington, of Terryville. He was in active practice for many years although not a very faithful attendant at the meetings of the Society.

The number present at our meetings is not as large as could be desired, still the Society is in a prosperous condition and harmony prevails among the members.

Respectfully submitted,

ELIAS PRATT,
Councilor.

(d) *Middlesex County, Dr. George N. Lawson, Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The present membership of the Middlesex County Medical Association is an even 50.

With the exception of New London County, which held its semi-annual meeting in connection with that of the State Society, our county was the first and perhaps the only one to hold a semi-annual meeting. On account of the epidemic of influenza we did not get together at the regular time in October but we met on the evening of January 13th and after a short business meeting and a good supper we listened to a paper by Dr. Lyman on tuberculosis.

The general topic at our annual meeting in April was War Developments in Medicine and Surgery.

The Central Medical Association has held interesting monthly meetings throughout the year, devoting one to a symposium on the subject of influenza and two or three to stories of war work by some of our members who had returned from that service. Out of the thirteen physicians of Middlesex County who have been away in war service four have returned and others are expected back soon. It is proposed to hold a little later in the spring a reception and to give a banquet in their honor.

Since my last report a municipal bacteriological laboratory has been established in Middletown under the able supervision of Dr. Jessie Fisher.

Last summer a movement was started to raise money and build a much-needed additional wing to the Middlesex Hospital, but it was found that the difficulties of securing a contractor and obtaining the structural material and the high cost of building made it seem wise to postpone the undertaking.

Respectfully submitted,

GEORGE N. LAWSON,

Councilor.

(e) *New Haven County, Dr. William H. Carmalt, Councilor.*
Mr. President and Gentlemen of the House of Delegates:

The activities of the medical profession of New Haven County for the past year refer principally to the influenza and the war work of its members. The first has been so ably handled by Dr. Blumer in a paper read to the New Haven Medical Asso-

ciation that for one out of practice, having individually no cases to treat, and seeing the disease only at arm's length in its relation to the New Haven Hospital, it would be pure faking to attempt any description of it at first hand. Whatever I may have to say will be taken largely from the reports of the Board of Health of the City of New Haven, from Dr. Blumer's paper and references to the work of Dr. Winternitz of the Brady Laboratory of the New Haven Hospital.

Major Chester Brown's report on the war work of the profession of the state will show, without my repeating it, what the county has contributed along that line.

The first cases of influenza recognized as of the epidemic form appeared in September, 1918. They rapidly increased and continued active until April, 1919. The height of the epidemic was reached in November. It has not been possible to get reliable statistics with regard to its frequency for several reasons. In the first place reliable diagnosis could not be made: in the beginning many cases were so slight as to be taken simply for heavy colds and not reported, and later at the height of the epidemic everything affecting the upper air passages was called influenza, and physicians, working night and day, exhausted almost in mind and absolutely so in body, were quite unable to give the time, until tired nature restored itself, and then many cases were unavoidably forgotten. As you know this was the most widespread epidemic known in medical history. Though the mortality percentage, for reasons already given, could not be actually stated and may not appear so extremely high, the actual deaths were very large, as the column after column of death notices in the newspapers showed. I have heard the estimate made that one out of every sixteen of the population was affected, but I cannot vouch for its accuracy. The mortality rate is equally uncertain as to the community at large; but in the New Haven Hospital, where records were kept, out of 1,201 cases admitted between September 13, 1918, and April 1, 1919, 307 died, or 25 per cent. This very large fatality rate is of course higher than for the general population, for only the recognized and one may consider the more severe cases were admitted there. I am not saying

that doubtful cases were refused, for not one was refused, but the milder cases did not apply. The deaths were invariably due to pneumonia, in this respect agreeing with the experience of Dr. Christian of Boston, as published in the Journal of the American Medical Association, and it is conceded that if careful examinations were made the clinical signs of pneumonia were always present. Professor Winternitz's observations made in the Brady Pathological Laboratory of the New Haven Hospital and Yale Medical School are exceedingly valuable. He had been studying for the War Department of the United States Government the effects of the poisonous gases used in warfare on the mucous membranes of the air passages in causing extensive necrosis of the epithelium, and was at once impressed at the autopsies of patients dying of the influenza-pneumonia with the similar appearances of the mucous membrane there; in consequence of this widespread necrosis the entrance of the influenza bacilli, whatever they may be, to the air vesicles was facilitated producing multiple areas of broncho-pneumonia, which coalescing gave rise to the peculiar form of pneumonia noted to which the patient succumbed. I will not presume to even attempt to describe the pathological changes he found. He will in proper time and place give the result of his studies; let it suffice here for the New Haven County Councilor to report that these investigations are being made ready for publication as soon as possible and they will be pioneer contributions to medical science.

Speaking of this work in the Brady Laboratory, it may be worth while as a factor of interest to the profession, to indicate briefly the steps that are being taken looking to the development of the Medical School of Yale University through its union with the New Haven Hospital, which will realize the hopes and expressed intentions of the founders of the General Hospital Society of Connecticut as shown in various ways in the early history of the hospital.

Founded in 1826, the incorporators and charter members were, with one exception, professors in the medical institution of Yale College as the Medical School was then designated, and for many years they continued to contribute a substantial part of the

incomes, derived from their teaching, to the building and support of the hospital; and in the granting of State appropriations toward the support of the hospital emphasis was frequently made, not only to its charitable aims, but also to the function it was expected and intended and did serve in the instruction of medical students. It has continued to serve this purpose since, in, however, a distinctly haphazard manner according as the hospital physicians were individually affected toward the Medical School.

In 1913, owing largely to the efforts of Dean Blumer and Mr. Harry G. Day, a director of the hospital, a closer affiliation was brought about, in the form of a definite contract between the hospital and the Corporation of Yale University by which, to make a long story short, the heads of the departmental staffs and their assistants are given the full control of the public ward services, using them, so far as is consistent with the welfare of the patients, for teaching the students of the Yale Medical School. It would be a work of supererogation to go into the details of this part of the scheme here. I may, however, state that in consideration of the manifold advantages this gives to instruction in the Medical School, Yale University has through the General Educational Board of the Carnegie Foundation and through gifts from other sources, notably from the Estate of Anthony N. Brady, been able to build and equip on the hospital grounds a pathological laboratory of the highest grade. This laboratory, under the charge of Professor Winternitz, is at the service practically of the profession of the state.

Besides the Brady Laboratory the University has provided facilities for medical research in other directions in connection with the hospital. Professor Underhill has a department of experimental medicine. Professor Barbour is pursuing investigations in experimental pharmacology. Professor Honeij has an up-to-date X-ray laboratory and each one of the clinical professors has his own laboratory for the study of subjects incident to his own department. Professor Churchman has had installed most elaborate facilities for cystoscopic examinations, etc. All these and other facilities, too numerous to mention, are

included in the financial budget for which the University assumes the expense. These are the outlines of the contract to make of the New Haven Hospital a teaching hospital, and included in this scheme is the obligation to publish the result of any advances in medical science. You cannot but understand how immense are these aids in the care and treatment of the patients in the hospital in the first place and how the benefits are carried forward to the profession and incidentally to the community. I do not care to take up the time of the Society with elaborating further upon the mutual benefits to the hospital and Medical School which the establishment of a teaching hospital confers.

As you well know, all medical schools of the first class seek such a connection, either with already-existing hospitals or, when founding new medical schools, a hospital is necessarily attached to it. The George Washington University and Hospital in St. Louis; the new Chicago Hospital and Medical School; the University of Pennsylvania Medical School has built a new teaching hospital; the Jefferson Medical School found itself unable to compete with the University of Pennsylvania without a new hospital; these are all cases in point. Columbia University is trying, so far vainly, to make hospital connections, first with the Roosevelt Hospital, then with the Presbyterian Hospital, and still feels itself handicapped in not having such an outfit. Harvard has the Peter Bent Brigham Hospital immediately under its wing and Yale University has now taken the initial step to make its Medical School second to none by allying itself with the old-established New Haven Hospital. In order to make this connection of the greatest advantage to the community also it is financing a new private room pavilion to accommodate one hundred patients, open to the practice of every reputable practitioner of medicine, and plans are in progress for many other improvements which will make this hospital second to none outside of the great cities. It is a matter of interest to the profession further to note the tendency on the part of the general public, those able to pay for the best of care, to seek the care given in well-regulated hospitals, where facilities for the treatment of the sick may be had, so to speak, concentrated; the

other hospitals in New Haven are building private room pavilions; Grace Hospital is actively engaged in procuring funds to erect a private room pavilion to accommodate 125 patients on Orchard Street; and the Hospital of St. Raphael has also taken up the project to add a private room wing.

As the War Department found in its efforts to control venereal diseases among the enlisted men, it was a necessary preliminary task to look after the civilian population. The United States Government and the State Board of Health have united with the City of New Haven, as shown (in its relation to the New Haven Dispensary) in enlarging the heretofore quite inadequate venereal clinic. They have secured larger quarters and opened an evening service in a new pavilion erected on the hospital grounds by Yale University during the war for intensive laboratory investigation for the medical service of the army. By giving free quarters in this laboratory Yale University has joined in this work. The greatly-increased attendance at the clinic shows that much may be done in inhibiting these diseases.

It is evident from this necessarily brief survey of work being done by the profession in New Haven County that medicine is still a progressive science; it is not folding its hands in idleness. In a series of lectures given by Yale University on various phases of reconstruction after the war, Dean Blumer took for his theme the reconstruction problems in medicine, stating it would be largely in the line of prevention and the superficial view was expressed by the newspapers later that logically the medical profession would inevitably in time become extinct. There would no longer be any use for doctors. It is not worth while, however, for the Connecticut State Medical Society to, with undue haste, surrender its charter. The good book says "the poor we always have with us" and in the poor are necessarily included the sick. There will always be violations of the laws of health, so that it hardly appears necessary as yet for a competent physician to take down his shingle for want of opportunity to practice.

Respectfully submitted,

WILLIAM H. CARMALT,

Councilor.

(f) *New London County, Dr. Charles C. Gildersleeve, Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The oldest medical society in Connecticut, the New London County Medical Association, reports that, all things considered, the past year has been a successful year.

At the beginning of the past year, we had sixty-seven active members. We have admitted one new member, E. L. Douglass, M.D., of Groton, nominated two others for membership and four members have died—leaving sixty-four active members. Of these we have remitted the dues of eleven men in the U. S. Service and one on account of age, leaving fifty-two members.

We lost, by death, four members:—A. T. Chapman, M.D.; Robert Harrington, M.D.; N. P. Smith, M.D.; and H. H. Howe, M.D. Dr. N. P. Smith was one of the elder physicians of Norwich and by common consent was considered one of the ablest consultants in the county. Dr. H. H. Howe was a physician of the old school, beloved by a large circle of patients and the medical profession. He died “in the harness,” while hurrying to make a professional call.

The semi-annual meeting of the Society was held in connection with the Connecticut Medical Society at the Crocker House, New London, October 3, 1918. The meeting was not largely attended as, at the time, all our doctors were battling night and day with the influenza epidemic. However, those present were well repaid for their attendance, as they had the pleasure of greeting our popular President, Dr. Bartlett, and our beloved ex-president, Dr. Carmalt, and the other speakers present. Lieutenant Parrington spoke on “Present Milk Situation,” Margaret K. Stack on “Child Welfare Work,” Captain H. C. Cady on “Extra-cantonment Sanitation,” Colonel Nichol on “Respiratory Conditions in the Army.”

The 128th annual meeting of the Society was held at the Wauregan House, Norwich, Conn., Thursday, April 3, 1919. The paper of the day was by A. H. Miller, M.D., of Providence, R. I., on the subject of “Anæsthesia in its Relation to Surgical

Shock." Dr. R. R. Agnew, of Norwich, gave a talk on the subject of "Antiseptics," and demonstrated a new empyema outfit in use at the W. W. Backus Hospital, Norwich, Conn.

All the hospitals in the county have been exceedingly busy during the year.

Respectfully submitted,

CHAS. CHILD GILDERSLEEVE,

Councilor.

(g) *Windham County, Dr. Robert C. White, Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The Medical Society of this county during the past year has been allowed a short vacation, no semi-annual meeting having been held. At the time of our fall meeting the epidemic of influenza was raging in the county, and the physicians could not take the time to attend it.

The annual meeting of the Society was held at Putnam, April 17th, and was fairly well attended.

The programme of the Society included a talk upon the subject "Some of the Sequelae of Influenza Requiring Surgical Treatment," by Dr. Clarence Crane, of Boston, and talks by members of the profession of the county who have returned from war service. Dr. Crane's paper was a most instructive one, considering the surgery of the pleura and lungs.

Good fortune has followed the medical men of the county during the year just past, and it is with a sense of gratitude that I report no fatalities from influenza or war activities. The greater number of the men have been able to continue their work uninterrupted throughout the year. Probably never have circumstances combined to give the physicians a more busy year than the one just ended. It seems a most cruel fate that an epidemic, so serious in its immediate results and far reaching in its effect upon the later health of the people, should have visited us at the time it did.

The care of our sick was a serious problem. However, we found a ready response for help from every source where they

were able to give it. The men, doing special work, gave us all the time possible. Some assistance was given by the State and United States Governments. Unfortunately, the death toll on our nurses was heavy,—several of our strongest and best having died.

The hospitals, in some instances, found themselves so crippled with their own sick ones that their assistance was almost negative, as far as the general public was concerned. It was a heart-rending experience through which we passed and one which time can never blot from memory.

Since our last report we have added one member to our Society. We have lost two by death, leaving a net loss of one. We have four applications pending. The Society should show a substantial gain during the next year. Our membership at present is thirty-six.

The following members of the Society received commissions in the army: Doctors Louis I. Mason, W. P. S. Keating, Fred M. Smith, Robert C. Paine, Edgar F. Perry, Owen O'Neill, Charles A. Jenkins, Arthur D. Marsh, and Clarence E. Simonds. All but the first three named have received their discharge from the army and returned home.

The reports of the returning members of the profession do not indicate an entirely satisfied condition as to the classification of men or work. However, all expressed the satisfaction of having done the work assigned them and have returned fully convinced that there is no better country than ours, no better state than Connecticut and no more cherished spot than home.

Respectfully submitted,

ROBERT C. WHITE,

Councilor.

(5) REPORT OF THE TREASURER.

DR. PHINEAS H. INGALLS, Hartford.

THE CONNECTICUT STATE MEDICAL SOCIETY, FROM
MAY 16TH, 1918, TO MAY 21ST, 1919.

RECEIPTS.

| | | |
|---------|---|------------------|
| 1918 | | |
| May 16 | Balance from old account | \$1,789.86 |
| Aug. 14 | J. H. Kingman, Middlesex County, back dues | 20.00 |
| | P. F. McPartland, Hartford County, on account | 350.00 |
| 23 | Herbert Thoms, New Haven County, on account | 264.60 |
| Nov. 25 | Herbert Thoms, New Haven County, on account | 137.70 |
| 1919 | | |
| May 6 | Herbert Thoms, New Haven County, to balance | 80.10 |
| | P. F. McPartland, Hartford County, to balance | 127.90 |
| | J. H. Kingman, Middlesex County | 102.60 |
| | P. W. Bill, Fairfield County | 504.90 |
| | A. D. Marsh, Windham County | 70.20 |
| | F. W. Walsh, Tolland County | 29.70 |
| | H. B. Hanchett, Litchfield County | 116.10 |
| 8 | A. A. Freeman, New London County | 135.00 |
| | | <hr/> \$3,728.66 |

DISBURSEMENTS.

| | | |
|---------|---|----------|
| 1918 | | |
| June 3 | E. K. Root, charges for Annual Meeting .. | \$ 2.00 |
| | J. E. Lane, expense account Annual Meeting | 38.06 |
| | E. R. Kelley, expense account, Annual Meeting | 6.52 |
| | Hazel J. Thompson, Stenographer | 19.60 |
| | George R. Miller, Anniversary Chairman .. | 43.50 |
| 5 | Mabel W. Carter, Stenographer | 102.98 |
| 6 | Tuttle, Morehouse & Taylor | 43.00 |
| 21 | John E. Lane, expense account A. M. A. .. | 94.07 |
| | D. Chester Brown, expense account A. M. A. .. | 50.00 |
| July 30 | Tuttle, Morehouse & Taylor | 1,000.00 |
| Aug. 14 | Tuttle, Morehouse & Taylor | 589.29 |
| Oct. 28 | American Medical Association, Directory .. | 10.00 |
| Nov. 18 | The Case, Lockwood & Brainard Co. | 7.00 |

| | | | |
|------------------------------|--|---------|-----------------|
| 1919 | | | |
| Jan. 23 | Phoenix Bank, Box rent | \$ 5.00 | |
| Mar. 27 | John Coombs, Flowers, Robinson funeral | 10.45 | |
| Apr. 5 | Tuttle, Morehouse & Taylor | 17.14 | |
| 8 | Underwood Typewriter Co. | 21.00 | |
| May 6 | John E. Lane, Secretary's salary | 150.00 | |
| | Incidentals | 18.15 | |
| | Hazel J. Thompson, Stenographer | 24.00 | |
| | P. H. Ingalls, Treasurer's salary | 25.00 | |
| 8 | Tuttle, Morehouse & Taylor | 59.23 | |
| 9 | Robert C. Knox, Treasurer's Bond | 5.00 | \$2,340.99 |
| Balance to new account | | | <u>1,387.67</u> |
| | | | \$3,728.66 |

THE RUSSELL FUND.

| | | | |
|--------------------|--|-------------------|--|
| 1918 | | | |
| July 1 | Cash in bank, last annual report | \$1,284.75 | |
| | Coupon Conn. R. & L. | 112.50 | |
| | Coupon Consolidated | 40.00 | |
| | Coupon Gaslight | 20.00 | |
| | Interest | 25.68 | |
| 1919 | | | |
| Jan. 1 | Coupon Conn. R. & L. | 112.50 | |
| | Coupon Consolidated | 40.00 | |
| | Coupon Gas Light | 20.00 | |
| | Interest | 29.64 | |
| Cash in Bank | | <u>\$1,685.07</u> | |

The Fund consists of

- 5 \$1,000.00 First and Refunding Mortgages,
Bonds, Conn. R. & L. Co.
- 2 \$1,000.00 50 year debenture Bonds, Con-
solidated Railway Co.
- 1 \$1,000.00 1st Mortgage Hartford City
Gas Light Co. Bond.

THE O. C. SMITH FUND.

| | | | |
|--|---------------------------|-----------------|--|
| Cash in bank, last annual report | | \$70.12 | |
| 1918 | | | |
| July 1 | Coupon Gas Light Co. | 20.00 | |
| | Interest | 1.40 | |
| 1919 | | | |
| Jan. 1 | Coupon Gas Light Co. | 20.00 | |
| | Interest | 1.82 | |
| Cash in Bank | | <u>\$113.34</u> | |

The Fund consists of:
 1 \$1,000.00 1st Mortgage Hartford City Gas
 Light Co. Bond.

It will be noted that the receipts from the County Societies were smaller than last year owing to the greater number of exemptions from taxation of men in the service.

It may be of interest to note the exceptions by counties, as follows:

| | |
|------------------|----|
| Hartford | 36 |
| New Haven | 8 |
| Fairfield | 32 |
| Middlesex | 12 |
| Litchfield | 13 |
| Windham | 8 |
| Tolland | 3 |
| New London | 13 |

125

Respectfully submitted,

PHINEAS H. INGALLS,

Treasurer.

HARTFORD, CONN., May 19, 1919.

This will certify that we have this day audited the accounts of the Treasurer, and find them correct and the securities, listed as above, to be in his possession.

T. F. ROCKWELL,

WALTER R. STEINER,

Auditors.

(6) REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

DR. PHINEAS H. INGALLS, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

The Committee on Public Policy and Legislation has had its customary activity, owing to the session of the General Assembly of Connecticut this past winter.

After the time had expired for the introduction of new business, we had a consultation with the Chairman of the Committee on Public Health and Safety of the Legislature and through the

courtesy of Dr. Higgins, Chairman of that Committee on the part of the House, were able to obtain copies of all the bills before them for consideration.

At a meeting of our Committee in Hartford, which was attended by nearly all the members, we considered thirty bills. Seven bills had to do with detail changes in the laws regulating the Council of Health, the successor to the old State Board of Health, and Dr. Black, the Health Commissioner, agreed that his department would look out for them. Thirteen bills had to do with various sanitary measures in the state not of particular interest to the State Medical Society, and we decided that it was not incumbent on us to put in an appearance for or against these bills.

We then considered H. B. 153 and S. B. 140, which were practically identical, providing for compulsory vaccination, and exclusion from schools unless vaccinated, except that no child should be vaccinated if a parent objected; S. B. 214, making compulsory vaccination unlawful for schools; S. B. 295, making compulsory vaccination unlawful for schools and state institutions; H. B. 405, a resolution against the use of all serums and antitoxins; H. B. 236 and H. B. 410, which were almost identical with S. B. 214; S. B. 297 and H. B. 401, which were acts regulating the practice of naturopathy and asking for the appointment of a Board of Naturopathic Examiners, and S. B. 298, revision of statutes covering the Connecticut Optometric Society.

Dr. Edward B. Hooker, the Chairman of the Legislative Committee of the Homeopathic Society, met with us and acted in conjunction with us in the consideration of these bills and I feel that we should here acknowledge the valuable aid and coöperation we had from him in our work.

The Committee after deliberation decided to oppose all the bills mentioned, except S. B. 298, which was simply a bill to correct the phraseology of an act already existing.

The hearings were duly scheduled and the Chairman appeared, ably aided by members of the Board of Health and Town and City Medical Health Officers. In addition, members of our Com-

mittee took occasion to explain to the members of the Public Health and Safety Committee the nature of the bills and the position of the medical profession on the subjects.

All the bills opposed by your Committee were rejected.

Respectfully submitted,

P. H. INGALLS,

Chairman.

(7) REPORT OF COMMITTEE ON MEDICAL
EXAMINATION AND MEDICAL
EDUCATION.

CHARLES A. TUTTLE, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

The twenty-sixth annual report of the Examining Board and your Committee on Medical Education will have at least the merit of brevity.

The Board has held seven meetings during the year and has considered, digested, and decided many and important questions.

Three examinations have been held, according to law, each extending throughout two days. There have been examined sixty-three applicants for certificates of qualification in General Practice, of whom forty-four, or sixty-nine and eight-tenths per cent., have been found qualified and to whom certificates have been granted.

Either through war service or death several communities in the state during the year have been bereft of their regular medical attendance. It has given the Examining Board much satisfaction to be instrumental in supplying this need.

Respectfully submitted,

CHARLES A. TUTTLE,

Secretary.

(8) REPORT OF THE COMMITTEE ON
SCIENTIFIC WORK.

DR. ELI B. IVES, *Chairman*.

Mr. Chairman and Gentlemen of the House of Delegates:

Your Committee on Scientific Work beg leave to submit the following report. We have met three times during the year and as a result arranged the programmes for the semi-annual and annual meetings, which are published elsewhere in the Proceedings.

Respectfully submitted,

ELI B. IVES,
Chairman.

(9) REPORT OF THE COMMITTEE ON
PUBLICATION.

DR. WALTER R. STEINER, *Chairman*.

Mr. President and Gentlemen of the House of Delegates:

The Committee on Publication was able to publish the Transactions for 1918 within thirty-seven days after the annual meeting. This was wholly due to the energy of our efficient Secretary.

This year, Mr. Keogh, the Librarian of Yale University, will present a paper on the Medical Libraries in Connecticut, and will give a list of the files of medical periodicals which the libraries of our state possess. This list will necessitate more pages for our coming Transactions, but its value is so apparent to the medical investigator in Connecticut, that I am sure no member of our Society will begrudge us these additional pages.

Dr. James F. Rogers, at the spring meeting of the New Haven County Medical Association, presented a paper on the Epidemiology of Influenza in Connecticut, which that Association has asked the State Society to print in their Transactions. We cordially recommend this action, as the paper has real historical value.

Respectfully submitted,

WALTER R. STEINER,
Chairman.

(10) REPORT OF THE COMMITTEE ON HONORARY MEMBERS AND DEGREES.

DR. SAMUEL M. GARLICK, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

After mutual conference and consideration of the names of suggested candidates, the Committee beg leave to report, we recommend that no additions to the Honorary Membership be made this year.

Respectfully submitted,

SAMUEL M. GARLICK,
Chairman.

(11) REPORT OF THE COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

DR. FRANK K. HALLOCK, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

Owing to the unsettled conditions prevailing in the state and throughout the country it has not seemed wise to appeal to the Legislature this season for funds to establish a new institution and the Committee has nothing to report.

Respectfully submitted,

FRANK K. HALLOCK,
Chairman.

(12) REPORT OF COMMITTEE ON STATE FARM FOR INEBRIATES.

F. H. BARNES, *Chairman.*

Gentlemen of the House of Delegates:

Your Chairman of the Committee on a State Farm for Inebriates did not call a meeting of the Committee during the past year for the simple reason that the question of a dry country after July 1, 1919, would undoubtedly make another State Farm

for Inebriates unnecessary. The present equipment will handle the narcotic end of it very nicely.

Your Chairman also reports that the State Farm now in existence is doing good work with increased equipment.

Would recommend that this committee be discharged.

Respectfully submitted,

F. H. BARNES,

Chairman.

(13) REPORT OF COMMITTEE ON MEDICAL INSPECTION OF SCHOOLS.

EDWARD W. GOODENOUGH, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

The State Board of Health has an appropriation for a Bureau of Child Hygiene for two years of \$25,000. With part of this money it is planned to begin, this summer, a general inspection of the sanitary condition of our school buildings.

The normal schools at Danbury, New Britain, and Willimantic have each had this year for the first time a teacher in personal and school hygiene. Next year, the teaching in this branch will be broadened. It is planned to furnish instruction to these pupil teachers in some degree commensurate with the importance of the subject.

In Bridgeport, under Dr. Walter H. Brown as Health Officer, the Department of Health has an excellent school force. In this branch of the work is employed one full time physician, one supervisor of nurses, sixteen school nurses, three full time dentists, two supervisors of hygienists, one assistant supervisor of hygienists, and twenty-five hygienists. When such a machine gets in good working order, I feel sure the other cities of the state will be glad to make an appropriation to accomplish like results.

Under the Waterbury Board of Health, we have two dental hygienists, one public health nurse, five school nurses, and two

part time medical inspectors. In New London there is one inspector and two school nurses. In Middletown there is one inspector and one school nurse.

In Waterbury, your Chairman has examined some 1,200 first grade children. We are satisfied that such an examination should be made and record kept by the School Department of all children on entrance to public schools or within as short a time afterward as possible.

This Committee properly is a Committee on Americanization. In no state in the Union is there more need of development in cleanliness and school hygiene than in our own state.

EDWARD W. GOODENOUGH, *Chairman*,
DORLAND SMITH.

(14) REPORT OF THE COMMITTEE ON NATIONAL LEGISLATION.

D. CHESTER BROWN, *Chairman*.

Mr. President and Gentlemen of the House of Delegates:

Your Committee on National Legislation attended one of the meetings of the Council on Education but was unable to be present at the Conference held in Chicago on March 3d. The study of the report of the conference indicates that it was one of the most interesting that has been held.

Dr. George Blumer was in attendance and read a most interesting paper on the second day of the conference, taking up the desirability of changing the type of written examinations. It is possible that he may give us some report later.

It is impossible to properly discuss the subjects in a brief report as the opportunity presented to medical educators was such as we have never before had in this country and gave opportunity to compare the recent product of the medical schools with the older ones with their years of practical experience.

The papers by the acting chairman, Dr. John Dodson, by Dr. N. P. Colwell, Dr. H. D. Arnold, and Dr. A. R. Warner, were

all suggestive and studied the curriculum for the preparation for and study of medicine. The paper read by Colonel Munson, of the regular army, was a consideration of the men who were brought from private practice into military service. This latter paper, while it appears to have been written in a spirit of, to the writer, unbiased observation, contains some rather unpalatable statements and has aroused a considerable antagonism among men who went into the service and have felt for one cause or another that they were not given a fair deal by the regular army corps. The one thing that stands out is that the system did not prove satisfactory to all and if it results in the earnest study of the question of the best method of expanding our peace-time army medical corps to a war-time footing, the result will be worth while.

The addition to the requirements for a degree in medicine, of the intern year in an "approved hospital," was really *the* question of the conference. Because state licensing boards would immediately inquire as to what constituted an "approved hospital," it becomes necessary to have some form of standard for hospitals.

The subject of Standardization of Hospitals was discussed in a very fine paper by Dr. A. R. Warner, of the Lakeside Hospital at Cleveland. This paper and others drew out the fact that hospitals had an obligation to their interns to teach them the application of the art of their profession. This leads to the conclusion that only the teaching hospital can be considered an "approved hospital" in the sense required for licensing boards. This is the line on which the A. M. A. has been studying hospitals for several years. But this one requirement alone does not standardize hospitals.

More recently the College of Surgeons has been making a survey of hospitals on the basis of their case records, clinical laboratories, and staff organization. But again, this alone does not standardize hospitals.

The American Hospital Organization has approached the problem from yet another angle and yet does not embrace the whole question.

It was foreshadowed at the conclusion of the discussion that the A. M. A. will be asked to coördinate all of these activities and through its Council on Education, or some new council or committees to be created, establish fundamental principles that will be applicable to the different requirements of the different classes of hospitals that will give them all certain standards.

The problem of the teaching of nurses and the preliminary education that should be required, was discussed and this also is under consideration.

The conference with State Licensing Boards brought out some very interesting data relative to the various cults that are licensed to practice medicine. Dr. N. P. Colwell makes this very suggestive statement in his report: "After excellent practice acts that have been adopted in most of the states, providing for adequate standards of preliminary education, legislatures have been induced to enact other laws, exempting certain groups of practitioners or allowing them to secure licenses on lower educational standards. The first essential in the practice of the healing art is the ability to make an accurate diagnosis and that to secure this ability a thorough training in the fundamentals of medicine is required."

Connecticut is cited as one of three states that have three licensing boards and only in the regular or non-sectarian board is a diploma from a lower grade college refused. This allows of a man being licensed to practice in this state by a sectarian board and later, on his relinquishing sectarian practice, join the regular Society.

I would ask you to consider the advisability of appointing a committee to take this question under advisement and report to the general Society.

The report of this conference can be obtained from the office of the A. M. A. and is well worth a careful study.

Respectfully submitted,

D. CHESTER BROWN,

Chairman.

(15) REPORT OF THE DELEGATES TO THE
AMERICAN MEDICAL ASSOCIATION.

DR. D. CHESTER BROWN AND DR. JOHN E. LANE, *Delegates.*

Mr. President and Gentlemen of the House of Delegates:

With the nation whole-heartedly engaged in marshalling all of its resources to cast into the trembling balance of the issue in the world war, the national organization of the medical profession met, and in earnest conference, took account of itself and offered everything that it had, as an organization and as a profession, to the service of the country.

Previous to this war the insignia of medical service had given immunity from attack. But the enemy signaled out the whole system of restoration of wounded soldiers to the line as one of the greatest resources for keeping up the man power of the army and deliberately placed a premium on the destruction of hospitals and the medical corps. With a full realization of this change of status, the American Medical Association held its regular meeting, arranged its scientific programme with special reference to military service and war surgery and hygiene, gave particular attention to infant welfare and public health, carried on its constructive work through its various councils, even advancing its standards, and proceeded with the deliberations of its House of Delegates. Not once was a selfish protest raised or a request made that those engaged in humanitarian work should receive any other protection than that given to the troops.

The entire programme of the meeting was largely colored by war activities. It was utilized by the Provost Marshal General to bring together the members of draft boards and the Medical Aides to Governors in order that a free discussion of all of the obscure points in physical requirements could be cleared up and uniformity for the country obtained. There was special arrangement made for giving information relative to entering the service, with a medical officer detailed for the purpose. Men in the uniform of the service were prominent in every meeting and some most interesting addresses were made and experiences

given by representatives from the profession in other countries. Naturally, the most impressive general meeting was that held in Medinah Temple, when the addresses were of such character that the enthusiasm and deep feeling thrilled the audience.

All of the Section meetings were well attended. The papers and discussions, of course, brought out the fact that there were many men who were unusually active with the colors.

The House of Delegates was convened with the speaker, Major Hubert Work, in the chair. He again demonstrated his remarkable ability in keeping the question clearly before the house and with great tact and remarkably clear understanding of parliamentary usages cleared up difficult situations so easily that many did not know they had been on the border of a cyclone.

The Secretary reported a membership of 44,715, which was an increase of 705 for the year.

The Treasurer reported that there had been an addition of \$41,298.18 made to the surplus. As this brings the total surplus nearer the mark set for safety, it will soon give more funds for some of the activities of the Association that have had to be restricted.

The Judicial Council reported on the "Thyroxin" patent question. As this stirred up a considerable animosity at the time, it is of interest to know that the altruistic attitude of the profession relating to patents remains and that the irritation resulting from this case has been relieved.

The Council on Education made a report that described the effort to make capital of the present needs to reduce the standard required for medical education and practice.

The Council on Scientific Assembly again drew attention to the fact that our Association meetings are too intense, that we have too many papers in the various Sections at a time, and finally, that we do not take time to become acquainted with each other and promote our social life. As a result, the attempt is being made this year to have the Sections placed into two groups and arrange the meeting hours so that there may be more ease in attending a number of Sections if one is so interested.

It is worthy of note that the Board of Trustees has a more extended report than usual and indicates a desire not only for a closer sympathy with the House of Delegates but also with the entire medical profession, that it may be not only the custodian of the funds of the Association but may be more active in shaping and administering its policies. It is gratifying, to us in Connecticut, that this policy was inaugurated while our Dr. McKnight was one of the body. In appreciation of him the report makes this reference:

"It is with sincere regret and with the feeling of great loss that we record the death of Dr. E. J. McKnight, a member of the Board of Trustees. Dr. McKnight died at his home in Hartford, Conn., on Christmas day last, from angina pectoris. While he had been a member of the Board of Trustees only a short time, he had endeared himself to each of the members of the Board. Few men in the medical profession were more highly regarded than he—not alone because of his personality and his delightful character, but also because he was an earnest, conscientious worker with a humanitarian interest in his fellows such as few possess. It was a considerable tribute to him that the House elected his associate delegate from Connecticut to complete his unexpired term on the Board of Trustees."

This action terminated one of the longest terms of continuous service in the House of Delegates of any state. The plan evidently appeals to other states as a good one, for it is being adopted more generally than it was formerly.

Twelve years of service in the House of Delegates cannot fail to give opportunity for drawing some conclusions as to the operation of our present system. I would like to draw your attention to some things that may give us more direct returns.

Your action of last year in selecting the Secretary of the State Society as a Delegate is in direct line with the efforts of the National Association to obtain closer touch with the state organizations. The more a Delegate can be familiar with his state conditions the more valuable is he as a representative for the state. In our own instance we were particularly fortunate, for

your representative, Dr. Lane, made his influence felt at the very first session and became known immediately as a Connecticut product.

The same principle in representation is illustrated in the state organization. This House of Delegates and the State Secretary can keep in much closer touch with the component County Societies if the County Society Secretary is a Delegate to the House.

Closer contact with the Board of Councilors, the Committee on Public Policy and Legislation, and the State Licensing Boards, would better qualify the Delegate to the A. M. A. to impress upon the national organization the needs in local conditions and would tend to bring about a more uniform condition in the various localities.

Carrying out the same thought in continuity it would be of benefit to local and national legislation to have the Committee on National Legislation, ex-officio, a member of the Committee on Public Policy and Legislation.

Finally, I am convinced that we are beginning to feel the effect of too wide a separation of the legislative activities of the organizations from the individual practitioner. Everything not actually connected with the scientific programme is referred to as medical politics and many men sneeringly state that they do not mix up in medical politics. The present plan of the reports of the Delegates to the A. M. A., and of the Committee on National Legislation, being made to the House of Delegates of the State Society and of accomplished fact of a year ago leave the individual feeling uninterested and irresponsible. If these reports could be kept current to the minute, taking up questions that are still pending and made to a joint meeting of the House of Delegates and the General Assembly of the State Society held at the close of the scientific programme, it would be of benefit to the state and national organizations mutually.

Respectfully submitted,

D. CHESTER BROWN,

Senior Delegate.

(16) REPORT OF THE COMMITTEE ON HOSPITALS.

DR. PHILIP W. BILL, *Chairman.**Mr. President and Gentlemen of the House of Delegates:*

The Committee on Hospitals has held no meetings during the year. The war and lack of funds are still the reasons for making "as few changes as possible at this time." There is much that the Committee on Hospitals could do under other conditions.

The epidemic of influenza showed an unfortunate lack of coöperation and system in the different hospitals. Some hospitals took in all cases of influenza by whatever label they made application for admission; others admitted certain cases under certain conditions; others closed their doors to any case that had a hint of the epidemic about it. This lack of uniformity of front in meeting the situation had a demoralizing effect on the laity, and also on the profession in general. Would things be any better if another scourge should make its appearance?

The problem of the closed or open hospital is one that will probably be worked out with time, but not without more or less unpleasantness. It is largely a matter of educating the public. So long as the great majority of people have the idea that they wish to be treated as "a patient rather than a disease," and hospitals depend on these people for money, either in the form of fees or gifts, for their existence, it would seem that some mean could be found, between the restricted teaching-hospital where, theoretically, patients receive the best treatment, and the unrestricted, commercialized institution where probably they would receive inferior treatment.

The standardization of hospitals in relation to what they should furnish patients and internes is being seriously considered. It is still a question just how this is to be brought about and by whom.

Respectively submitted,

PHILIP W. BILL,
Chairman.

(17) REPORT OF THE MILITARY COMMITTEE OF
THE CONNECTICUT STATE MEDICAL SOCIETY
AND OF THE SUB-COMMITTEE ON THE
MARYLAND PLAN.

D. CHESTER BROWN, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

During the early part of the war after this country was involved, the mobilization of the medical profession was done in part by Council of National Defense through its State Committee, in part by the circularization from the office of the American Medical Association, and finally by circulars sent out from the Surgeon General's office.

When the State Society appointed for its War Committee those men who had been active for the state, it simply continued the activity on the same lines. Any report that involved only the activities after the appointment of the War Committee would be altogether incomplete and would not represent at all the activities of the medical profession of the state.

Because your Committee felt that there were many questions that would come up immediately that would make complete lists of the men who had gone into service and who had been identified with the selective service necessary for the Society, it was attempted to obtain an accurate list of both of these classes of men.

It was attempted to obtain a list from the Surgeon General's office and we were informed that there was not a list so kept by states. The list of the Journal had been kept up by Dr. Wheeler but a second checked-up list was obtained from that office. The Secretary of the State Society sent out to each County Secretary for detailed reports. All these lists have been checked up on the list of the committee of the profession of the state, which is the most accurate list of the medical profession of the state that has ever been made, as it has been checked up by the military census and the new lists of the Health Department and then by personal information. With this effort and all these checking lists it became apparent that it would

be impossible to obtain an accurate list that would be suitable for incorporation in the Proceedings of this Society.

What has been said of the records of the men who went into the service may also be said of the men who did noble service on the draft boards. In the Provost Marshal General's office there is only the record of those who were officially appointed while some of the best work done was by men whose names were never on any list.

These two lists can only be made complete and accurate by correspondence involving some expense. It will mean a historical record of the accomplishment of the medical profession of the state. Such signal incidents as the medals of honor conferred on Dr. Burlingame and Dr. Comfort, as well as other noteworthy events, should be recorded.

While it has a considerable material to report and the activities of the Maryland Plan is also under consideration, your Committee recommends that it be discharged and that the completion of the data of its work be left to an historical report of the part that the medical profession of Connecticut took in the world war.

Respectfully submitted for the Committee,

D. CHESTER BROWN, *Chairman*,
CHARLES C. GODFREY,
EDWARD K. ROOT,
WALTER R. STEINER,
FRANK H. WHEELER,
GEORGE BLUMER,
M. M. SCARBROUGH,
Ex-officio, THE PRESIDENT,
THE SECRETARY.

(18) REPORT OF THE DELEGATE TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

DR. J. W. FELTY.

To the Delegates and Members of the Connecticut State Medical Society:

Having served as your Delegate to represent the state at the Pennsylvania State Medical Society, September 23, 24, 25, and

26, 1918, at the Bellevue Stratford Hotel in Philadelphia, it gives me great pleasure to present the following brief report:

Many of you know that the state of Pennsylvania has sixty-six County Medical Societies, and many counties in the state have more physicians than the whole state of Connecticut. The attendance was large—approximately twelve hundred to thirteen hundred, and conducted, in a general way, similar to the American Medical Association—viz., after the general meeting the Society meetings were held in different parts of the hotel, in their various sections, as in A. M. A. The programme was interesting from beginning to end. A few of the most interesting subjects are here noted. Dr. Fred L. Van Sickle, the president, gave a very scholarly address on State Medicine. Dr. John B. Roberts read an able paper on the "Treatment of Surgical Shock in Military Surgery"—discussed by Dr. Samuel J. Meltzer of Rockefeller Institute, New York. Dr. Schamberg's paper, "The Present Status of the Treatment of Syphilis," was discussed by Drs. Dercum and Robinson, of Philadelphia, and others.

In a symposium on Internal Secretions, "The Ductless Glands in Military Practice" was ably discussed in a paper by Dr. Chas. E. Sajous, of Philadelphia, followed by Dr. David L. Edsall of Boston, on "Hyperthyroidism and Related Conditions."

A most interesting and valuable series of papers on "Essential Hypertension" were read and discussed by Dr. Mosenthal of Johns Hopkins Medical School, Dr. Hare of Jefferson Medical School, and Drs. Litchfield of Pittsburgh, Patterson, Goepp, Willits, and Faugh, of Philadelphia.

In the Surgical Section, Dr. John B. Deaver read a paper in his usual dramatic style on "Some of the Postoperative Sequelæ of Acute Appendicitis." He made a profound impression by his style, his sincerity, and his extensive experience. He gave the internists, who still freeze the process of abscess formation, no rest, and calls it a penal offense.

On Wednesday evening, Mr. Chas. M. Schwab entertained a large audience in the Gold Room on ship building. Much of this has now passed into history, but Mr. Schwab proved himself a

veritable comedian—as much a master on the stage as in the industrial world.

Time forbids making a detailed report on each Section; however, your Delegate would be remiss if he neglected reporting a paper on the Eye, Ear, Nose, and Throat Section, by Dr. Chevalier Jackson, “Duration of Bronchoscopy and Aesophagoscopy based on experience of six hundred and fifty cases.” Many of you no doubt have seen abstracts in different journals on this most interesting, indeed, most remarkable, paper. This paper now appears in colors, showing location, character, and nature of foreign body with end results.

Your Delegate strongly urges cultivating a closer affinity with your various state Societies, both from the personal profit advantage as well as Society welfare.

Respectfully submitted,

J. W. FELTY,

Chairman.

(19) REPORT OF DELEGATE TO THE MEDICAL
SOCIETY OF THE STATE OF
NEW HAMPSHIRE.

DR. SAMUEL M. GARLICK.

Mr. President and Gentlemen of the House of Delegates:

The New Hampshire State Society meets in Annual Session on the same date and day as our own. Your Delegate has the pleasurable honor to report as follows:

New Hampshire being the home-land of your Representative, and Dartmouth the college of his degree, it was with unusual pleasure that a supreme effort was made to be present at the Annual Meeting at Concord last May.

The Session was well attended; the papers were of high order and met with an enthusiastic, if critical, reception. Cordial greeting was given to Visiting Delegates, including the writer. His only regret was that he could not stay longer, fraternize more, and enjoy the fellowship of the evening banquet.

A brief telegraphic report of the meeting was made from Concord to this Society, then in session at Hartford.

Your Delegate is convinced that in quality of papers presented, in interested attention to and constructive criticism of the same by listening members, in abounding spirit of loyalty and an enthusiasm for a better professional service and improved civic and social conditions for the exercise thereof, the profession in New Hampshire stands shoulder to shoulder with our own, no whit behind the best.

Permit the writer again, as often before, to urge this House of Delegates and each individual member of this Society, to make earnest and persistent effort to cultivate and to maintain cordial fraternal relations with neighboring states. It is an honor and it should be esteemed a pleasurable duty to be made a representative of our profession to sister Societies.

Respectfully submitted,

SAMUEL M. GARLICK,

Delegate.

The nominations for officers and committees which were submitted by the Council will be found in the report of the Chairman of the Council.

It was voted that a committee be appointed by the President to consider and act upon the recommendation contained in the reports of the Delegates to the American Medical Association, the War Committee, and the Committee on Medical Legislation.

It was also voted that a committee be appointed by the President to be called Committee on the History of the Medical Profession of Connecticut in the World War.

The Secretary read a letter from the American Society for the Control of Cancer requesting the appointment of a Cancer Committee. No action was taken.

The Secretary read a letter from the Medical Society of the County of New York requesting the Society "to instruct its Delegates to introduce a resolution against compulsory health insurance in the House of Delegates of the American Medical

Association and to support it in every way possible." Dr. Ingalls suggested that the matter be left to the discretion of the Delegates without taking any official action.

Dr. McDonnell moved that the Delegates be instructed to oppose any action in favor of health insurance at the meeting of the American Medical Association and that this Society support the position taken by the New York Society.

This motion was seconded.

Dr. Lane said that in view of the fact that this Society has taken no definite stand in regard to health insurance and in view of the fact that it has invited Dr. Lambert and Dr. Winter to discuss the question at this meeting and in view of the fact that the Council has recommended that a committee be appointed to study this question, it would be unwise to take such action at the present time as would commit the Society to a position opposed to health insurance.

A rising vote on the question was taken.

The motion was lost.

The session adjourned at 12:00 o'clock to 9:30 A. M., Thursday, May 22.

SECOND SESSION.

The second meeting of the House of Delegates was held at the Welfare Building, Bridgeport, on Thursday, May 22d, at 9:30 A. M. The following officers and delegates were present during the meeting; President C. J. Bartlett, Secretary J. E. Lane, Councilors F. W. Stevens, Fairfield County; W. R. Steiner, Hartford County; G. N. Lawson, Middlesex County; C. C. Gildersleeve, New London County; R. C. White, Windham County. Delegates: Fairfield County—C. C. Godfrey, W. C. Watson; Hartford County—none; Litchfield County—F. W. Wersebe; Middlesex County—none; New Haven County—J. F. Rogers, G. Blumer, F. G. Graves, R. A. McDonnell, L. M. Gompertz, H. G. Anderson; New London County—W. K. Tingley, A. C. Freeman; Tolland County—none; Windham County—C. E. Simonds, E. F. Perry.

The nominees for the offices of President, Vice-President, Secretary, and Treasurer and for the Committees on Scientific Work, Public Policy and Legislation, Medical Examinations and Medical Education, Honorary Members and Degrees, Health Insurance, and Delegates to the American Medical Association, which were presented by the Council were elected unanimously after an opportunity had been given for other nominations.

The following committees were elected: Sanatorium for the Nervous Poor, Medical Inspection of Schools, National Legislation, Medical Defense, Hospitals.

In accordance with the vote in the first session of the House of Delegates, the President appointed a Committee on the Recommendations contained in the Reports of the Delegates to the American Medical Association, the War Committee, and the Committee on National Legislation, and a Committee on the History of the Medical Profession of Connecticut.

The names of the above officers and committees will be found in the first pages of the Proceedings.

It was voted that the Committee on a State Farm for Inebriates be discontinued.

It was also voted that the War Committee and the Committee on the Maryland Plan be discontinued.

It was voted that the Secretary be authorized to appoint Delegates to the State Associations with which we exchange Delegates.

It was voted that the dues for the coming year be \$3.00.

It was voted that the next Semi-Annual Meeting be held in conjunction with that of the Tolland County Medical Association at the Mansfield State Training School and Hospital, Mansfield Center, Tuesday, October 21, 1919.

It was voted that the next Annual Meeting be held in New Haven, on Wednesday and Thursday, May 19th and 20th, 1920.

It was voted that the Treasurer be authorized to use the income of the Russell Fund for the current expenses of the Society in case it should be necessary to do so.

The meeting adjourned at 10:00 A. M.

Business Transacted in the Scientific Session.

WEDNESDAY, MAY 21ST, 1919.

Dr. Hibbard, of Concord, N. H., Delegate from the New Hampshire State Medical Society, and Dr. L. F. Bishop, of New York, Delegate from the Medical Society of the State of New York, tendered the greetings of their respective Societies and were welcomed by the President.

THURSDAY, MAY 22D, 1919.

Dr. Crandall, of Taunton, Mass., Delegate from the Massachusetts State Medical Society, tendered the greetings of his Society and was welcomed by the President.

On the motion of Dr. Donaldson it was voted that Dr. Foote's paper be referred to the Committee on Publication and that this Committee be instructed to furnish a copy of Dr. Foote's paper, together with an abstract of the discussion upon it, to the public press for publication.

At the close of the session a vote of thanks to the Fairfield County Medical Association and to the physicians of Bridgeport was passed for the cordial reception and delightful entertainment which had been given the Society.

The Clinical Sessions.

On the morning of May 22 the following clinical programme was given:

BRIDGEPORT HOSPITAL.

Demonstration of Delivery Room Technique.—Dr. Henry E. Waterhouse.
Demonstration of Medical and Surgical Cases Followed by Operations.

Medical: Drs. Frank H. Coops and Charles W. Gardner; Surgical:

Drs. Philip W. Bill, Thomas L. Ellis, and David M. Trecartin.

Demonstration of Neurological Cases.—Dr. John C. Lynch.

ST. VINCENT'S HOSPITAL.

Surgery of the Lower Abdomen through Transverse Incision, with
Demonstration of a Case.—Dr. J. Murray Johnson.

Gastro-Intestinal Surgery.—Dr. Andrew McQueeney.

Cerebro-Spinal Fluid Studies in "Spanish Influenza," with Laboratory
Demonstrations.—Dr. H. R. DeLuca.

(a) A Mixed Cell Sarcoma of the Brain (in the silent region) with Post-Mortem Findings; (b) Cerebella Sarcoma (of inferior worm) with Surgical Findings; (c) A Severe Case of Trigeminal Neuralgia due to an Impacted Root End, with an Area of Infection Surrounding the Same.—Dr. E. S. Brodsky.

Presentation of Eye Cases.—Dr. Joseph F. Watts.

Demonstration of a Case of Compound Fracture of the Lower Jaw.—
Bernard Faust, D.D.S.

WELFARE BUILDING.

A Case of Leprosy.—Dr. James D. Gold.

Motion Pictures of War Surgery. Taken for the Army Medical Museum at Base Hospital No. 9, France.—Lt. Col. George W. Hawley, M.D.

Remarks on War Surgery. Prof. Pedro Chutro, late Chief Surgeon Hôpital Buffon, Paris.

Members of the Society were invited to inspect the Welfare Building and its Clinics during the days of the meeting.

The Smoker and Banquet.

On the evening of May 21st the Fairfield County Association entertained the Delegates and members at a smoker, given in the ball room of the Stratfield. Dr. F. H. Barnes acted as master of ceremonies. Monologues, dancing (not by the members), magic (in which some mystified members took a hand), and music (in which all participated) made up a most enjoyable programme. A bountiful luncheon completed the evening.

The banquet, on the evening of the 22d, was given at the Stratfield and was well attended. Dr. Wm. J. Tracey, of South Norwalk, served ably as toastmaster and the guests were welcomed by Mayor Clifford B. Wilson. Dr. Chas. J. Bartlett responded to the toast "Our President," Major Frederick J. Adams spoke of "Our Men Overseas," and Dr. Robert T. Morris, of New York, delivered an address on "The Biologic Aspects of a League of Nations." The President-elect, Dr. Charles B. Graves, was introduced and heartily welcomed by the Society. The singing of The Manufacturers' Chorus of Bridgeport was a happy feature of the evening.

Fairfield County proved itself most hospitable, and its Committee on Arrangements, Drs. James D. Gold, Philip W. Bill, and John F. Shea, proved its excellent quality by its works.

PRESIDENT'S ADDRESS.

PRESIDENT'S ADDRESS

A Problem in Medical Readjustment.

CHARLES J. BARTLETT, M.D., New Haven.

Members of the Connecticut State Medical Society:

At this, the first annual convention of this Society to be held since the ending of the world conflict, a reference to that great struggle is a natural preface to any subject which I may present to you. For, in common with every other field of human endeavor, medicine has been and in the future is bound to be profoundly influenced by the results of the war. The new problems which confront us to-day are in contrast to those which were most urgent at our last annual convention. Then the organized medical profession of this state, as well as that of the whole country, indeed that of all the warring nations, was making strenuous efforts to meet in full the demands made upon it by the war. And, not only this, but to accomplish it with as great consideration as possible for the needs of the civilian population. We are able to appreciate now, in retrospect, much more fully than we could at the time, the skill with which that work was organized in this state by a few members of this Society. It was successfully carried through. Connecticut's quota of medical men for service was filled, physicians for the draft and advisory boards were found, and, except for the period of the great epidemic, there was no considerable pressing medical need which could not be met.

It is most gratifying to recall the record which has been made by our members in the service. This applies both to the few who were already in the regular army and to the large number who volunteered for the duration of the war. To attempt to choose those most worthy of honor would be invidious; for opportunities for large service came to some which were lacking for the many. It is, however, of the greatest satisfaction

that the physicians as a whole from this state ranked in ability among the highest of those from any of the states of the Union.

To-day our fellow members of the profession who volunteered for active service are returning, or are already here. It is fitting that they should be told, and I regard it as a privilege that it has fallen to my part as presiding officer of this convention to tell them, of the high esteem in which we who remained at home hold them. To each one of them all who went unselfishly to his duty in the great cause of civilization, who went in response to that high call known to everyone who recognizes a guiding force inspiring men for the carrying out of a divine plan, to each and all such we give honor. Whether stationed in this our own land, or in hospitals across the sea, or in the very inferno of the battle front, wherever as men they played their parts, our hearts were with them. And now we join in a welcome home to them. Our fatalities in the profession were fortunately few. All honor to those who died. Connecticut has every reason to be proud of her many sons, whether native or adopted, who went to the western battle front and never learned the word defeat. She has equal reason for pride in those who represented us in the service. They have maintained the best traditions of our honored profession.

If medicine has given much during the past few years, it has also received much. To a profession which is always in a state of transition, never stationary, there have come during the period of the war large developments of far-reaching import. Some of these are definite, tangible. We all recognize these as they have come in the broad field of hygiene and preventive medicine, in surgery, in internal medicine and in the specialties, directly as a result of the war. I shall not attempt to discuss any of these in detail. In addition to these very definite lines of influence to which the medical profession must adjust itself, there is a something less tangible but none the less real which has developed as a part of the spirit of the times through which we have just passed; we may call it a higher idealism, we may call it a more intense patriotism. By whatever name it is known, it demands of each business, of each profession, a more careful

introspection than heretofore to determine in what manner it may better perform its functions for the common welfare. To such a self-study the medical profession, though perhaps unconsciously, will not be slow in applying itself. It is to one of these problems of our every-day professional life, which I feel needs careful study looking towards its readjustment, that I invite your attention to-day.

The trend of the last three decades has been that of a rapid advance in medicine *as a science*. And, I think I may safely add, a somewhat retrograde movement in medicine *as an art*. This latter is however a thesis in itself which I shall not venture to discuss. While these advances on the scientific side have acquired importance alike in the prevention of disease, and in its diagnosis and treatment, they have largely dealt with work which cannot be performed at the bedside of the patient; with that as a whole we include in the general term laboratory aids. There is here a large array of methods; bacteriological and serological technique; microscopic and chemical examination of blood and of secretions and excretions; the examination of tissue; the use of X-rays, etc. The list of conditions in which these are of diagnostic value is being added to constantly. In any such rapid advance in providing new means for studying old problems, there is bound to be a gap between the knowledge which is available and its general application in every-day practice. This gap may, however, be wide or a comparatively narrow one. The more fully that these relatively exact methods of studying disease can be generally applied, the more satisfactorily are we meeting our own aspirations. The question which I wish to consider here, concretely stated, is whether there is some feasible method for increasing the value of the laboratory for the medical profession and thereby for the community.

For such a discussion it would be desirable to know the use now being made of laboratories in the state. There is no exact method of estimating this. I have attempted to approximate this roughly by two lines of approach. First by a study of the records of the laboratory of the State Department of Health for one year ending September 30, 1918. I found that during

that period 18,953 specimens had been examined in the diagnostic department of that laboratory. This is exclusive of specimens of milk, of water, and of sewage which are examined in the chemical department. Of these, 10,004 were cultures for diphtheria; 1,526 were specimens to examine for tubercle bacilli; 4,481 were specimens of blood for the Wassermann test, and the remainder were examined for typhoid fever, malaria, gonorrhea, etc. In applying these data, we must recognize that there are several municipal laboratories, in addition to hospital and private laboratories, which are making examinations of this nature for physicians. I believe it is a fair estimate, however, that at least one-half of the physicians of the state either call upon the State Laboratory for examinations of the kinds mentioned or do not have them made at all. Upon such a basis, and recalling that there are nearly 1,800 physicians in Connecticut, it is evident that there is comparatively little call for laboratory assistance by the average physician.

My next attempt was to gain some fairly definite idea of the amount and kind of laboratory work which is now being done by the hospitals throughout the state. For this purpose, I have during the past few months visited nearly all of the general hospitals in Connecticut. There has been much of interest in the visits to these institutions for whose good work, for whose existence even in many instances, the members of this Society are undoubtedly largely responsible. Though the inspection of these hospitals was, in general, only a very cursory one, I have obtained a knowledge of the hospital situation in the state which I feel to be of value. Some of the impressions have been most pleasing. Moreover, one is impressed with the number of new hospitals which have been built during the past few years. Among the more recent may be mentioned those at Torrington, Greenwich, Norwalk, Stamford, and New London. These should be seen to be appreciated. Plans for enlargement and for providing new hospitals are in evidence in several places. The new addition now under construction at the Waterbury Hospital will nearly double its capacity; the generous bequest, nearly a million dollars, which has recently been left to the New

Britain Hospital, will give it an opportunity for large development. New hospitals are to be provided, I am told, at both Rockville and Manchester, and each of the three New Haven hospitals is planning for a large addition in the near future. While some of the older hospitals need thorough overhauling and there are places large enough to support hospitals where these have not yet been provided, I feel that one may without exaggeration speak enthusiastically of the hospital situation of the state. The profession is evidently very much alive to the need of adequate hospital facilities, and appreciates the larger rôle which the hospital is bound to play in the future.

In the majority of the hospitals which I have visited, even the most modern of them, the shock of going from the well-lighted, well-appointed operating room to the laboratory, when there was one, may be likened to the stepping from a very comfortable warm tub bath into a cold shower bath. The simile hardly suits, however, for a cold bath is stimulating. The laboratories were depressing. As a rule, the laboratory was only in evidence when called for. And this lack of proper laboratory facilities applies not only to the smaller hospitals but to several of the larger ones as well. A few of the general hospitals in Connecticut have commodious, fully-equipped laboratories and their work is highly commendable. There are, to be exact, just two of this type. However, in a very few of the other hospitals, where the laboratory space is very limited, work of a high grade is being done. These are, however, decided exceptions. Altogether the general hospitals of the state in which the laboratory work as done at present may be classed as satisfactory can be counted on the fingers of one hand. It is not surprising though that the laboratory has not developed more fully. As an important factor in medicine, it is of comparatively recent development. It would, however, be inexcusable to leave it thus behind indefinitely. No hospital can do satisfactory work which has not a well-equipped, well-manned laboratory.

It would not be of great value to call attention to the existing condition unless some practical suggestions could be made for improving the situation. There are certain general considera-

tions which may be stated. It is one of the functions of a hospital to set standards of professional work for its locality. In general there will be no satisfactory development of laboratory work in any place unless the hospital leads the way. To rely upon a laboratory at a distance, whether public or private, is a poor makeshift. Some of the material for examinations must be obtained direct from the patient by the laboratory worker. This is particularly true in getting blood for making blood cultures or for the cell count. This also obtains to a less degree in securing spinal fluid for the same purposes. It is a distinct advantage for the physician using the laboratory to have an opportunity to discuss his case with a trained laboratory worker. If the latter has the proper ability and experience, he can often suggest ways in which the laboratory may be of assistance which would not occur to one unskilled in this branch of work. He also recognizes the limitations of the laboratory and the lack of dependence to be placed at times upon negative findings. This presupposes that the one in charge of a laboratory shall be thoroughly capable. To rely upon a nurse or a technician with only a few weeks' training for this work is bound to prove unsatisfactory. Such an unskilled person is nearly as great a menace as is a poorly-trained surgeon or internist. As in other walks of life, competent persons for such positions can only be secured by paying adequate salaries; much larger than have heretofore been deemed necessary.

It does not require a very large number of patients to keep a laboratory worker fully employed. Those of us who have been fortunate enough to have a service in a hospital where all the desired laboratory work could be performed realize how much there is to be done for the average patient. A urinalysis is not complete without a careful microscopic examination. The chemical tests alone may be negative while the microscopic shows evidence of trouble. The majority of hospital patients require a microscopic examination of the blood, and frequently blood cultures are necessary. For some years I have asked for a Wassermann test on each patient coming on to my hospital service, and not infrequently the diagnosis in obscure cases is

made evident by the results of this. Add to this the examination of spinal fluid, of smears and cultures from the throat, nose, and elsewhere; the examination of stomach contents and of stools (the latter too often neglected); the preparation of vaccines, sectioning of tissues, etc., and the possibility of finding plenty for the laboratory to do is appreciated. Moreover, when satisfactory work is once begun, it will rapidly increase and one will wonder how it was possible to do without it.

The problem of providing suitable laboratory facilities for our hospitals is, I appreciate, a difficult one. In each case, the solution must depend on local conditions. It is of different import in the larger and the smaller hospitals. In any general hospital of one hundred beds or over, with an active service, I am satisfied that there should be a full-time, skilled laboratory worker. The problem in these cases is that of space, funds and the skilled worker. Space must be provided even at a sacrifice. There is a particular reason why I have presented this subject at this time, and it has a bearing upon the other two factors mentioned. I believe that the funds can be secured for such work now more readily than ever before. The spirit of giving which has been developed during the past two years can, I am confident, be utilized for more generous provision for community needs such as that under consideration. Also the supply of trained laboratory workers probably is, or soon will be, greater than at any time in the recent past. Many of these have been employed in government laboratories and some of them will be available for other positions. The time appears to me favorable for developing laboratory work.

The problem is more difficult to solve in the smaller hospitals and I have no general plan to advocate. But by careful study, I think a feasible method can be found here. With the present means of rapid transit, one person may perhaps serve two hospitals which are not more than twenty miles apart. By an agreement for referring outside work to the laboratory, a part of the necessary income might be secured in that way. I have been encouraged to find that two hospitals in the state where the laboratory conditions are now unsatisfactory are planning

to secure full-time trained workers for this position. Also that another hospital already has a fund of thirty thousand dollars which can be used only for the establishing and maintaining of a laboratory. A moderate amount of effort in this case will solve the problem.

I have not yet discussed the relation which the hospital laboratory should maintain towards the physicians of the community in which it is located. In all instances where it is the only laboratory in the locality, it should be available to every physician. In larger places, where private laboratories are accessible, exactly the same relation should obtain regarding laboratory work as obtains between the hospital and physicians in respect to any other branch of medical work. A fair remuneration should, of course, be expected for this work in the case of all outside patients from whom the physician collects his customary fee. For the poorer patient every laboratory should be free. This is so obvious that there is no room for discussion regarding it.

I have spoken thus at length regarding this subject of better laboratory work because I believe it is of much importance. Several of our hospitals will need encouragement to undertake it. This Society has a committee on hospitals and I feel that it is well within its province to stimulate such work throughout the state.

SCIENTIFIC PAPERS.

Umbilical Hernia.

N. A. LUDINGTON, M.D., New Haven.

The general impression gained from a perusal of standard works is that the surgical repair of umbilical hernia is apt to be a hazardous procedure, beset with many technical difficulties, attended by a high mortality, and followed by a large percentage of recurrences. Umbilical hernia has, for this and some other reasons, always seemed to stand apart from other herniae in the mind of the profession generally.

Medical advisers, who uniformly recommend "radical cure" as a routine measure for inguinal, femoral, or post-operative herniae, quite as constantly counsel palliative measures and "let it alone" treatment in small and medium-sized umbilical herniae; while the large ones are unequivocally pronounced "inoperable," and permitted to develop even to the point where they may, by their very size and weight, wholly incapacitate the patient. This trend of thought is reflected in the attitude of the patient, who generally receives the suggestion of operative relief with either astonishment or incredulity.

Even in the largest femoral or inguinal herniae the examiner is able at least to locate and usually to determine the size of the external ring. In large umbilical herniae the determination of the size of the ring is almost never possible, and as a rule, even its location is lost under the hernial mass and the adipose tissue of the abdominal wall. Then, too, there is lacking the aggregation of definite landmarks and structures which have made the surgical anatomy of inguinal and femoral herniae almost an exact science.

There is, however, a very natural tendency to visualize the umbilical ring or hernial opening as proportionate to the size of the hernia. Nothing could be further from the fact. In all the large umbilical herniae which have come to operation, the umbilical ring, or more properly the ventral ring, is of an extraordinary constancy as to size and shape. It is invariably

from 6 to 8 cm. in diameter, uniformly circular in shape, and presents a smooth, firm, sharp edge at the depth of the posterior sheath of the rectus muscle. The anterior rectus sheath seldom forms a part of this ring edge proper, except in the lower quadrant of the ring or circle, and in this location only because gravity has caused the hernia to sag down over the lower margin of the ring, producing a very acute flexure or bending of the sac, which is usually absent in both the lateral and superior portions of the circumference of the ring.

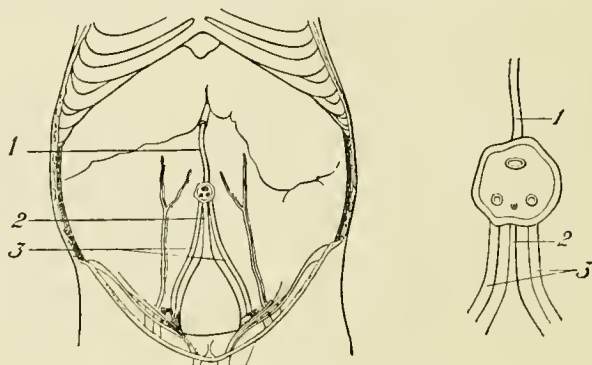


FIG. 1.—Umbilicus of the New-born. (Waldeyer.) 1, Umbilical vein; 2, urachus; 3, umbilical arteries. Taken from Johnson's *Operative Therapeutics*. Article on "Hernia" by Moschowitz.

Anatomical and mechanical data are not wanting to explain the constancy both of size and shape of the umbilical ring in the larger herniae.

When the umbilical cord separates, there is left on the transversalis fascia a thin layer of granulations which is shortly covered by epithelium. Through this small area, four structures pass: the umbilical vein above; the urachus below; and the umbilical arteries on either side. (Fig. 1.) The superficial fascia coming in from all sides fuses with the cicatrix. There is no subcutaneous fat in this area. The four structures above enumerated penetrate the transversalis fascia and proceed in divergent directions. The umbilical vein backward into the round ligament of the liver, the urachus downward to the summit

of the bladder, and the umbilical arteries separate and descend as the left and right obliterated hypogastric arteries to the lateral walls of the bladder. We have, then, for an abdominal wall at the umbilicus (Fig. 2):

1. Scar tissue
2. Superficial fascia
3. Transversalis fascia
4. Peritoneum

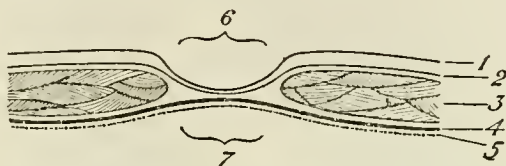


FIG. 2.—Diagrammatic Cross-section Through the Center of the Umbilicus, in a Horizontal Direction. 1, Skin; 2, superficial fascia; 3, rectus abdominis; 4, transversalis fascia; 5, peritoneum; 6, umbilical cicatrix; 7, Richet's fascia. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

"The inner margins of the sheaths of the recti do not meet at the umbilicus. The umbilicus may, therefore, be regarded as a deficiency in the linea alba." (Moschowitz, in Johnson's Therapeutics, Vol. 4, Pg. 95.) The vital importance of the ability of the transversalis fascia to retain the abdominal contents is thus apparent. This essential holding fascia is pierced at the four points previously noted, and at each of these points there is a reflection outward along the course of the emerging vessel of fibres of the transversalis fascia, thus producing a weak point in this fascia. (Fig. 3.)

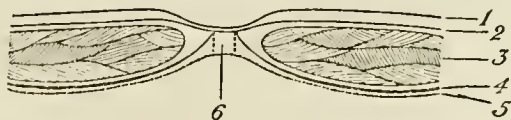


FIG. 3.—Diagrammatic Cross-section Through the Upper Part of the Umbilicus, in a Horizontal Direction. 1, Skin; 2, superficial fascia; 3, rectus abdominis; 4, transversalis fascia; 5, peritoneum; 6, umbilical vein. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

According to Moschowitz, it is at these points that hernia has its inception. If this be accepted as true, and there is abundant reason for so doing, it follows that an umbilical hernia does not come through the umbilicus as a whole, but comes through at one side of the umbilicus. This will explain (Fig. 4) why in the very large herniae here shown, there is still preserved intact one side of the normal umbilical depression or outline. On account of the close proximity of the openings for the passage of the urachus and obliterated hypogastric arteries to the edge of the ring, and their small size as compared to the opening for the umbilical vein, it is probable that the majority of umbilical herniae emerge through the latter opening, and spread over the linea alba above the umbilicus. (Fig. 5.)

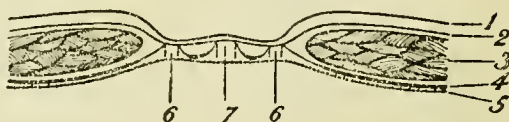


FIG. 5.—Diagrammatic Cross-section Through the Lower Part of the Umbilicus, in a Horizontal Direction. 1, Skin; 2, superficial fascia; 3, rectus abdominis; 4, transversalis fascia; 5, peritoneum; 6, umbilical arteries; 7, urachus. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

Having once insinuated itself through the transversalis fascia, the abdominal contents, usually omentum, pushes the vascular prolongation of this fascia ahead of it and now becomes a true hernia. From this point on its development depends almost entirely upon two factors, viz., the amount of intra-abdominal pressure, the *vis-a-tergo*, and the resistance to be overcome—that is, the holding ability of the structures composing the sac.

Usually the sole contents of the sac at this stage is omentum. The intestines follow on after the omentum pushing it on before them in the growing hernial sac. If the omentum be well developed and abundantly supplied with adipose tissue, it may serve to plug the hernial ring to such an extent as to actually exclude the small intestine until the hernial sac shall have attained a size sufficient to contain practically the entire great omentum.



FIG. 4.—Large umbilical hernia showing portion of normal umbilicus still intact.

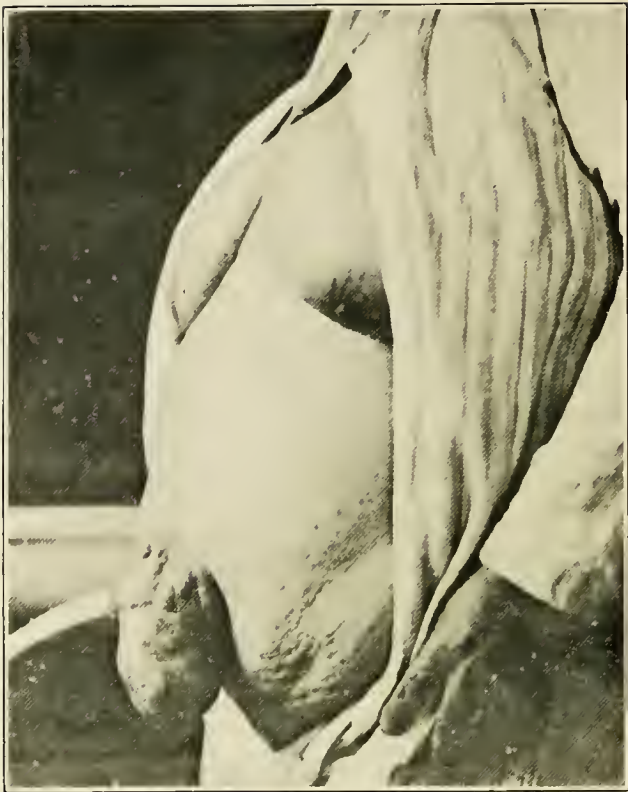


FIG. 6.—Large pedunculated umbilical hernia. Note the evident tone of abdominal musculature. Contents of sac omentum only.

If now in addition to such a condition, we have a goodly tone in the abdominal musculature and a firm, well-developed rectus sheath which resists dilatation of the umbilical ring, the resulting hernia is pedunculated. (Fig. 6.) Generally, however, the omentum drags the transverse colon along after it into the sac. This sequence of events is entirely in accord with, and adequately explains, the operative findings as to the contents of the sac. Omentum is invariably present; most frequently associated with the large intestine. The small intestine is added later on. Occasionally, in a continuation of this same process, the traction of the colon on the gastro-colic omentum brings the greater curvature of the stomach into the sac. That this is not at all the rule is due in large measure to the uniformly firm and constantly placed meso-colic attachment in the left flank anchoring the splenic flexure.

The intra-abdominal pressure, acting on the sac contents in conformity with the same law applying to fluids, "that pressure exerted on a fluid is transmitted equally in all directions" produces gradual enlargement of the hernial ring. In so doing it not only pushes to one side and stretches the aponeurotic fibres of the transversalis fascia and the linea alba, but pushes the innermost decussating fibres outward toward the surface as well. Thus there is formed an aponeurotic funiculus which extends up the sac proper for a distance of from one to three cm. diminishing in density and terminating in a few stray fibres which seem to have been actually torn loose from their tendon.

This displacement process is, in reality, in the nature of a rolling back of these tendons, resulting in a constant increase in the ability of the ring to withstand further stretching as it increases in size.

The same forces which are gradually displacing the aponeurotic fibres are at the same time acting against the resisting powers of the coverings of the sac, and were it not for the pronounced tendency to the early formation of adhesions, the growth of an umbilical hernia would be much more rapid than is in fact the case, and its ring would be smaller. Just in so far as the sac can resist pressure, that pressure can operate to enlarge the

ring. When, however, the ability of the ring to withstand pressure equals and slightly exceeds the holding powers of the sac, from then on, the sac and not the ring must give. This marks a definite stage in the development of an umbilical hernia, and explains why a small hernia may, and in fact so frequently does, remain practically unchanged in size for years, and then, without obvious reason, suddenly increases in size. From this time on there is very little, if any, increase in the size of the ring, but the growth of the hernia is continuous. That is why the size of the hernia itself is no criterion of the size of the ring to be closed. That is also why strangulation is more frequent in small than in large umbilical herniae.

The early formation of adhesions and subsequent growth of the sac leads to the presence of trabeculae sometimes several inches in length and well vascularized. These trabeculae extend from one visceral element in the sac to another or to the wall of the sac. Again, the sac wall may be closely united to the contents over considerable areas with adhesions varying in degree from slight filmy veils to the most intimate consolidation.

In the large herniae, diverticulae from the main sac are common, and may equal or even exceed the original sac in size. Such sacculations in obese patients are prone to burrow well underneath the panniculus, and are to be constantly borne in mind when making the first incision. (Fig. 7.)

The enormous stretching to which the skin is subjected in the large herniae gives rise to superficial ulcerations, which are of the utmost importance as portals of entry of infection. The cutaneous veins are dilated—sometimes varicosed, from the stretching of their walls and cicatricial areas surrounded by zones of pigmentation, particularly about the summits of the sac, mark the site of healed ulcers and indicate the lowered circulatory efficiency of the sac wall. They are to be interpreted precisely as similar manifestations are interpreted in the lower leg. Chafing or maceration of the skin folds underneath the tumor, between it and the abdominal wall is almost invariably present in obese patients, particularly in the hot seasons, and,



FIG. 7.—Enormous umbilical hernia showing diverticulated sac with scars marking site of healed ulcers. Enormously dilated veins visible on close inspection.

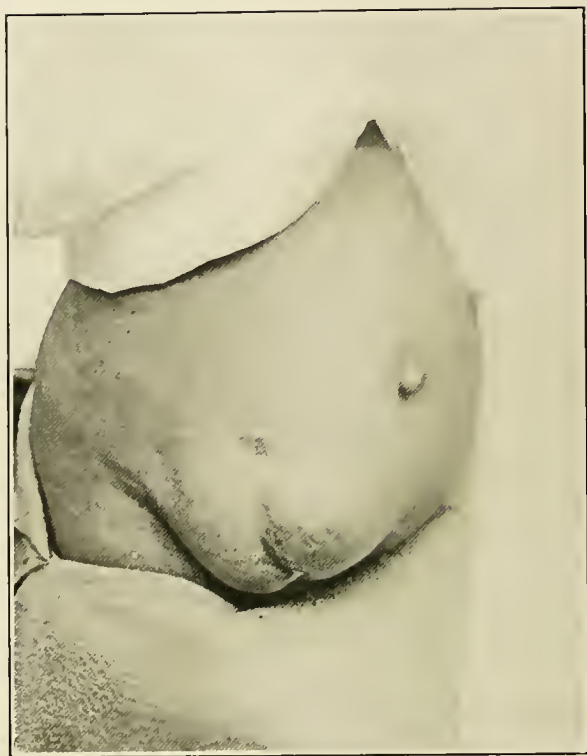


FIG. 8.—Very early stage of umbilical hernia. Note that hernia comes through upper portion of umbilicus and tends to spread upward over linea alba, obliterating upper margin only of umbilicus. Shows also large post operative ventral hernia.



FIG. 9.—Lateral view of concealed umbilical hernia.

when present, is a most dangerous menace to asepsis. No amount of pains should be spared to make assurance doubly sure that the skin surface is free from this or any blemish.

The clinical course is entirely in harmony with the pathogenesis just described. The mass, small at first, usually (Fig. 8) appears at the upper margin of the umbilicus, and tends to spread over the linea alba above and lateral to its origin. It is always reducible at some stage in its development, and this history of reducibility is one of the chief points in the differentiation between hernia and lipoma. Usually of very slow growth, unless expedited by the intercurrent of parturition or unusual and prolonged strain, the mass may give rise to a variety of symptoms varying all the way from no inconvenience whatever, to repeated attacks of rather severe cramping or neuralgic abdominal pain.

The diagnosis of an umbilical hernia usually is most obvious. The exception most frequently encountered is in the determination of the presence or absence of hernia in an extremely obese patient, and more especially if the case has been operated upon and the question be one of recurrence. (Fig. 9.) Under these conditions, an umbilical hernia may attain a very considerable size, and remain so masked by the enormous mass of abdominal adipose tissue, that the most careful physical examination is required to demonstrate its presence. Aside from the frequent attacks of partial obstruction to which these herniae are prone, they give rise to disability from their size and weight. Abscess formation in the hernia itself is, fortunately, a very infrequent complication. The infection finds its way through the thin and possibly abraded or ulcerated skin of the sac, directly into the peritoneal cavity. The resulting abscess lies between the peritoneal surfaces of the mesenteric folds, and is usually well walled off. The clinical manifestations of this complication are apt to be very well marked both locally and constitutionally. The temperature is, as a rule, high, and the local signs unmistakable.

The tendency of these herniae in the new-born and very young children is to spontaneous cure without treatment of any kind. It follows that in the first years of life, palliative measures

are to be given a thorough trial. A simple square of cigar box, securely sewn in a strip of canton flannel wide enough to permit of its being so folded as to entirely cover the wood, and long enough to pass twice around the body of the child, has proved its practical efficiency. The application of adhesive strips crossing the umbilicus in various directions, is another effective treatment, but requires the frequent readjustment of the location of the strips, in order to avoid excoriation of the tender abdominal skin. Buttons or other rounded objects held firmly in the navel with the idea of preventing the abdominal contents from entering the umbilical ring, are much less efficient than either of the other methods, many times do positive harm by pressure, and tend to promote adhesion of abdominal contents at the point of irritation. Nothing could more surely perpetuate a hernia than this.

In the adult, all these measures are generally barren of good result, and operative treatment is the only alternative.

It is beyond the scope of this paper to more than indicate the operative procedures which have been evolved and applied to the umbilical ring.

They have been briefly and clearly classified by Moschowitz in the chapter on Hernia in Johnson's *Operative Therapeutics*, from which I take the liberty of quoting verbatim as follows:

"1. Suture of the peritoneum and suture of the skin; that this method is insufficient is manifest.

2. Through and through suture of all the structures gives only slightly better results.

3. Omphalectomy, i. e., excision of the umbilicus, followed by incision of the sheaths of the two recti, with subsequent suture in layers, gives somewhat better results, yet not sufficiently encouraging.

4. Graser's method of suturing the different layers, not in one line, but so that they meet at right angles, is an improvement over the foregoing.

5. Transposition of the two recti and various plastics upon the anterior sheaths of these muscles have had a transitory vogue.

6. Finally we come to the modern operations for umbilical

hernia, etc.," referring to the well-known overlapping operation devised by and known as the Mayo operation, and its subsequent modification by Blake. (Figs. 10, 11, 12.)

The operative procedure which has been carried out in the cases shown on the screen here to-day, is in no wise a radical departure from the well-marked path to successful closure of the umbilical ring, but is rather a combination of some features of several of the methods previously alluded to.

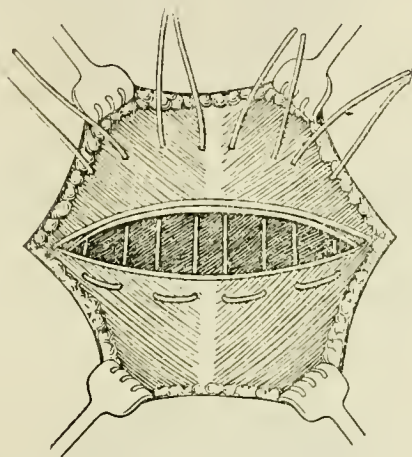


FIG. 10.—Mayo Operation for Umbilical Hernia. Mattress sutures drawing the lower flap underneath the upper flap. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

In the first place, the initial incision is not made over the hernial protrusion, but as close to that side of the hernial protrusion which seems to promise the most direct route to the neck of the sac as a due regard for the integrity of the sac will permit. This incision is immediately deepened to the rectus sheath, and the lateral circumference of the ring exposed. The hand is then introduced into the wound, and the fingers, by blunt dissection, worked entirely around the neck of the sac. The facility with which this may be accomplished is truly surprising. The differentiation in the feel of the tense smooth surface of the transversalis fascia as it covers the sac wall, and the fatty tissue

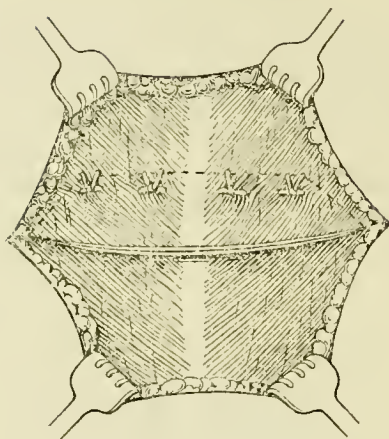


FIG. 11.—Mayo Operation for Umbilical Hernia. Mattress sutures tied; lower flap drawn underneath the upper flap. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

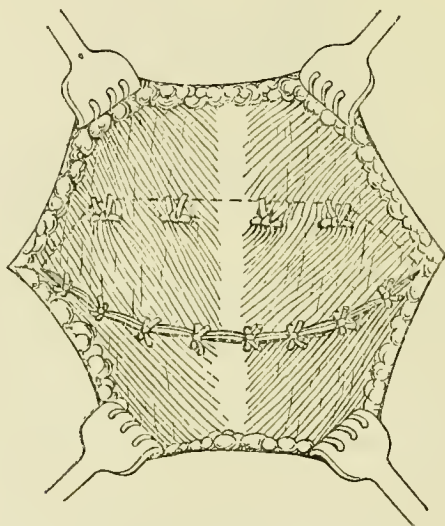


FIG. 12.—Mayo Operation for Umbilical Hernia. Overlapping of the two flaps. Taken from Johnson's Operative Therapeutics. Article on "Hernia" by Moschowitz.

of the panniculus is at once apparent. Only a very moderate amount of manipulation is necessary to separate the fat from the sac, because the manipulations are conducted from the depth of the wound toward the surface, and the depth of the wound is firmly fixed. The transversalis fascia, though thin and attenuated, is sufficient to prevent any reasonable manipulations from tearing into the sac. As the hand approaches the surface, diverticulæ are immediately recognized, and the dissection carried around them. Using the hand in the wound as a guide, the skin incision may be safely and rapidly completed so as to encircle the prominence of the hernial protrusion, and remove a liberal amount of the skin on its summit, without leaving large concave side walls of fat which tend to form dead spaces when sutured.

The neck of the sac is cleared of fat as far up as fibres of the transversalis fascia are clearly visible and the sac opened, the contents liberated and returned to the abdominal cavity. It is important to be sure that the intraperitoneal aspect of the ring is absolutely free from adhesions. The sac is then amputated *at the highest point at which the fibres of the transversalis are clearly marked.*

The stump left is usually about three-quarters of an inch long. This tissue plane, consisting of the peritoneum and transversalis fascia is then overlapped as in the Mayo operation and secured by mattress sutures. (Figs. 10, 11, 12.)

The inner margins of the sheaths of the recti are now incised from a point about half way between the ensiform and the umbilicus to a point well below the first transverse line below the umbilicus. The mesial edges of these incisions are united by a continuous stitch, thus adding a layer to the coverings of the umbilical region. (Figs. 13, 14, 15, 16.) The recti are then freed from their beds and overlapped in the mid-line, retained by mattress sutures passed as near the middle of the muscle belly as is convenient, and aided by interrupted sutures in the free edge of the upper muscle. The anterior sheath is closed in the usual manner, and buried sutures are placed in the fat to carefully close all dead spaces. (Figs. 17, 18.) In closing the skin,

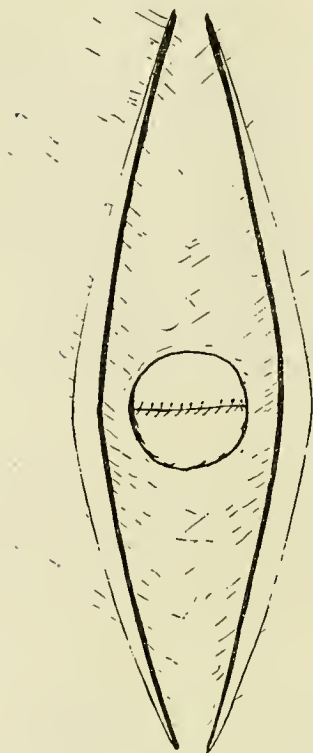


FIG. 13.—Diagrammatic representation of incisions in rectus sheath.

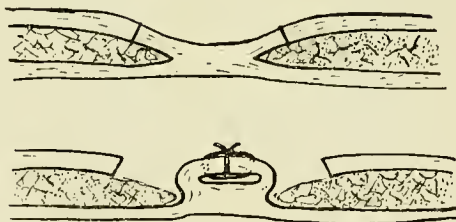


FIG. 14.—Cross-section, above or below, showing incision in inner margin of anterior rectus sheath and suture of inner margins together. (Diagrammatic.)

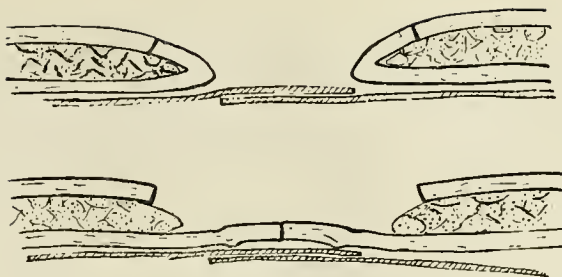


FIG. 15.—Same as Fig. 14. Cross-section at the umbilicus. Diagrammatic.)

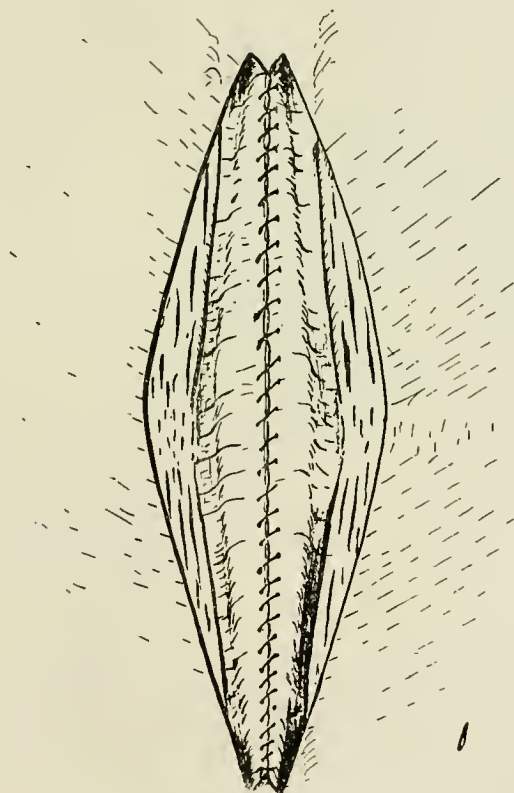


FIG. 16.—Plan view (diagrammatic). Sutures of mesial edges of anterior rectus sheaths completed.

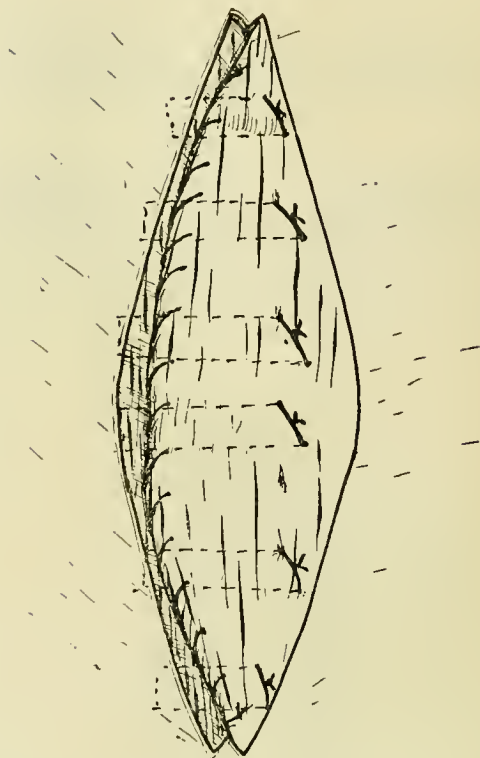


FIG. 17.—Plan view of overlapped recti showing suture in free edge of upper muscle and mattress sutures placed near middle of muscle belly. (Diagrammatic.)

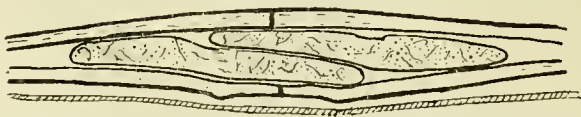


FIG. 18.—Cross-section (Diagrammatic) at the umbilicus showing completed reconstruction of abdominal musculature.



FIG 19.—Large umbilical hernia. Pendulous type.



FIG. 20.—Post operative result of Fig. 19. 26 days after operation.



FIG. 21.—Large umbilical hernia in thin woman. Unusual type. Showing marked sacculations.



FIG. 22.—Post operative result. 35 days.
Note: Two years after operation redundances have entirely disappeared.



FIG. 23.—Small umbilical hernia.



FIG. 24.—Same as Fig. 23—Right hand view.



FIG. 25.—Large umbilical hernia of common pendulous type. Enormous layer of panniculus about 8 inches.



FIG. 26.—Post operative result. Case shown in Fig. 25. Shortly after operation.



FIG. 27.—Post operative result on enormous umbilical hernia. Pre-operative photo refused.



FIG. 28.—Post operative result. Five years after operation. Large sacculated hernia. No pre-operative photo taken.



FIG. 29.—Enormous umbilical hernia producing total incapacity.

provision is made for multiple small drains of folded rubber tissue, to permit of the egress of oil. Adhesive straps are so applied as to remove the danger of undue tension on the superficial sutures caused by the lateral sagging of the fat of the abdominal wall. The aseptic technic must be faultless.

In so small a series of cases, the absence of the recurrence or a fatality is surely well within the limits of good fortune.

A discussion of diastasis of the recti or hernia of the linea alba, while closely associated with the consideration of umbilical hernia, is purposely omitted for the sake of brevity, and to focus attention upon the plea that umbilical hernia may be accorded the same thoughtful consideration which is bestowed upon other herniae; that the futility of palliative measures be recognized; that the small umbilical hernia be surgically repaired before it shall have attained extraordinary dimensions; and that the patient afflicted with a large umbilical hernia be encouraged to seek surgical counsel and to expect relief.

DISCUSSION.

DR. SULLIVAN (New London): I cannot add anything to Dr. Ludington's paper, but I wish to emphasize the importance of surgical intervention in these cases. Everyone recognizes the danger of strangulation in both the femoral and the inguinal types of hernia. To me this element is just as great in the umbilical hernia, together with the added elements of malignant degeneration and abscess formation in the omental contents of the hernial sac. To insure success in this operation, primary union,—union without serum,—is of very great importance. I believe we can obtain this in a greater number of cases if—assuming that our asepsis is perfect,—we will do more cutting with a good sharp knife close to the sac and less tearing with our fingers. A good many doctors refuse to recommend operation to their patients because they have no confidence that the condition will not recur. A good many more say that the patient will not submit to operation. If we remember, most of the cases that come to us come complaining of discomfort from the hernia, and we tell them that if the operation is successful they will be relieved of this discomfort; but we fail to tell them of the other dangers that are lurking in that sac, and they go away from us in the frame of mind that I heard a sailor express this morning. Two sailors sat before me on the train and from their conversation I gather that both had been in the hospital and both had been operated upon. One said: "I asked the doctor what

my chances were, and he said:—'Well, you might live a month, you might live a year, and you might drop off any minute'—and I said, 'Hell, doctor, I knew that before!'

DR. GOMPERTZ (New Haven): There is a medical aspect to umbilical hernia which should be considered. Patients with this condition give a history of vague digestive disturbances, such as discomfort and distress coming on two or more hours after eating. They may also complain of nausea and vomiting. Constipation is generally present. The term "umbilical dyspepsia" has been used to describe this condition, when a hernia is present. Frequently these cases are confounded with duodenal ulcer, as the patients tell us their pain is relieved by assuming a horizontal position. However, if the patient's abdomen is carefully examined, a small umbilical hernia may be found. In many cases I have tried the medical treatment of strapping the hernia and the fitting of a proper bandage, but I believe it a waste of time to try the so-called medical treatment, and if you want to cure the hernia, these cases should be referred to the surgeon for operative treatment.

Hiccough—Complicating Medical and Surgical Conditions.

DR. ORIN R. WITTER, Hartford.

We must consider hiccough as a symptom of disease rather than as a disease in itself, clinically observed as an intermittent inspiratory spasm of the diaphragm with or without a sudden closure of the epiglottis.

The mechanism is well described by Osler as—"being complex, the afferent nerve impressions to the respiratory center may be peripheral or central, the efferent are distributed through the phrenic nerve to the diaphragm, causing the intermittent spasm, and through the laryngeal branches of the vagus to the glottis, causing sudden closure as the air is rapidly inspired"—and from my own observation I consider that the efferent impulses through the gastric branches also of the vagus nerve cause increased peristalsis of the stomach with pyloric spasm, the complex sympathetic system being a great factor in continuing the reflex.

We have usually associated hiccough with very severe and definitely diagnosed medical or surgical disease, the patient being critically ill or often in the terminal stage of the disease; as such may be mentioned pneumonia, influenza, pleurisy (especially diaphragmatic pleurisy) empyema, peritonitis (especially of upper abdominal infections), inflammation of the liver, kidneys, pancreas, stomach and bowels, particularly typhoid,—these examples representing cases presenting severe toxæmias; intestinal obstruction, ileus, strangulated hernia, over-distended urinary bladder, operative manipulation in the upper abdomen producing shock, kidney insufficiency or suppression of urine following surgery of the genito-urinary tract,—these examples representing cases presenting prostration, shock, or collapse. The cases just named may all be grouped as severe cases, and the hiccough but an annoying symptom in the clinical picture, the management of the case and treatment being mainly the treatment of the original condition.

Compared with these severe cases with hiccough, frequently there have come under my observation, during the past year, cases in which the hiccough has been the chief symptom in the clinical picture. Many of the patients have been physically, mentally, or nervously fatigued, while mild affections of the respiratory or gastro-intestinal tracts have often been the exciting cause. The attacks of hiccough have varied in severity from that of a mild degree, duration less than one day, to that of a desperate degree lasting up to eight days, the patient's condition becoming critical from the exhaustion and prostration.

Five of such cases may be given to illustrate this condition of severe hiccough complicating what was apparently a minor illness.

1. Salesman; age 40. Physically strong until a mild attack of influenza two months previously, after which he failed to regain strength and evidenced nerve fatigue. Patient developed mild pharyngitis and tonsilitis, complicated by severe hiccough with pyloric spasm for three days, causing great prostration and some alarm. Condition relieved by full doses of strychnia and small doses of bromide.

2. Physician; age 50. Extreme fatigue from heavy obstetrical and gynecological practice; without evident cause other than fatigue, hiccough persisted for three days and was relieved by rest and a gastric carminative.

3. Infant. Severe hiccough the first symptom; mild acidosis with pyloric spasm; relieved by regulation of the diet.

4. Man; age 36; music teacher. Nervous temperament; mild gastric and intestinal indigestion; fatigue from overwork. Patient developed severe hiccough lasting eight days, with pyloric spasm and occasional vomiting lasting three days, prostration. Not relieved by nerve and gastric sedatives, but yielded to full doses of strychnia.

5. Physician of middle life, overworked by hard country practice during the influenza epidemic, with the usual irregularity of meals and loss of sleep, possibly himself a victim of a mild influenza with little temperature and extreme fatigue. Developed hiccough with pyloric spasm and vomiting; condition soon became critical, the hiccough nearly constant, whether asleep under opiates and sedatives or awake, projectile vomiting, visible peristalsis of stomach, pyloric spasm, progressive weakness with cardiac embarrassment; the question was raised of kidney insufficiency, pyloric obstruction, or both. Examination: lungs negative; heart organically negative but irregular as to rhythm and force; urine negative and kidney function within normal limits; X-ray proving pyloric spasm with dilated stomach. Rectal salines were given. Various mechanical stunts

were tried, opiates and sedatives did not control the hiccough, but improvement began with the full doses of strychnia, the attack lasting six and one-half days.

These five cases are fair illustrations of the cases seen during the past year, and have forcibly impressed me as follows :

1st. By their severity out of all proportion to any causative disease ;

2d. The main condition being physical or nervous fatigue ;

3d. The frequent association of pyloric spasm with or without vomiting ;

4th. The failure of various mechanical treatments and the many sedatives ;

5th. The frequent improvement under full doses of strychnia.

To this treatment I claim no originality, it being a suggestion received from Dr. Bell as being the practice of his father many years ago, to administer strychnia to the physiological limit. If my experience may help any with this discouraging symptom, hiccough, I am pleased, as it has proved a very interesting study to me.

DISCUSSION.

DR. MULLINS (Danbury) : Dr. Witter's paper has brought up a subject that we are inclined to think very lightly of. Those of us who have had cases of post-operative hiccough are glad to receive any suggestions. I think his claim of prostration and exhaustion is very logical. Most of the cases that I have seen are due to that. I have had no experience with strychnine except as an adjuvant in the condition, but I think it is worth trying. As I have said, there is no one point that I would like to speak of as a positive factor, but I think that the causative factor very often is in the stomach itself ; it may be a gastritis or a gastric dilatation. We see that in men who are in good health otherwise. I know of a case that went on for eight days, and the patient was perfectly well excepting for the hiccoughs. I tried the usual sedatives, but the thing I succeeded with was cocaine. The hiccough stopped immediately and did not return. Since then I have had two other cases and both responded to cocaine. That is proof that the gastric irritation is the direct cause, and I think that is true of any post-operative case. Most of the cases that I have seen were associated more or less with vomiting, and I think the use of the stomach tube and washing out of the stomach is a very effective means of relieving it. I think we are loath to use the stomach tube

after operation, but why, I don't know. I plead guilty to this hesitancy, but it is not well founded. The washing out of the stomach, when it is effective, gives relief very promptly, and that method of cleaning out the stomach is not any more exhausting than letting a man go on without sleep.

There is a form of hiccough that deserves recognition,—the neurotic type. I don't mean that the condition of the nervous system is the direct cause, but when a neurotic patient has hiccoughs they are exaggerated to a marked degree and it becomes a persistent neurotic condition. I might mention a neurotic case,—although it is not one of hiccough,—nor directly in line with this subject. A patient came to a doctor's office and said: "I am always belching gas," and he made a demonstration then and there. The doctor gave him two tablets of asafoetida. He came back the next day, and when asked if he was still belching gas, replied: "I did,—once."

DR. HERTZBERG (Stamford): I have been especially interested in the paper by Dr. Witter and the discussion by the other gentleman. I believe these so-called diseases (such as hiccough) that very often follow severe surgical operations, are conditions of toxæmia or exhaustion, rather than true diseases per se.

In my student days, Professor Balliet gave a special lecture every year on this condition of hiccoughs. He emphasized the fact that we were prone to look for and use remedies without regard to the physiological mechanism that had been disturbed. His experiments had shown him that hiccough was due to a spasmodic contraction of the diaphragm. He had found a drug that would paralyze the diaphragm.

Now, whether the hiccough is due to a stomach condition, a toxæmia, or post-operative shock, if you paralyze the diaphragm, it follows that the hiccoughs will cease.

I have found this to be true in many cases, and especially so in the distressing hiccoughs accompanying gastric ulceration and typhoid. The drug used is oil of cajuput. It is best given with chloroform in brandy or whiskey. Five drops of oil of cajuput and five drops of chloroform in a drachm of whiskey or brandy every twenty minutes until desired result is obtained. If the patient is unable to retain the drug in the stomach, double the dose and give it by rectum. It will paralyze the phrenic nerve and stop the spasm of the diaphragm.

Physical Education in Our Public Schools.

DR. CHARLES J. FOOTE, New Haven.

The word efficient is superficially applied to any system or organization that produces results. Efficiency is very largely dependent on two conditions—health, and personal initiative. It should be one of the aims of all education to develop these two qualities. The children of Connecticut need them more than the children of most other states, because Connecticut must make up in the industry, ingenuity and vigor of its citizens what it lacks in natural resources.

The chief source of wealth in Connecticut in the years to come must be in her factories. According to the last census, the acreage of farm land cultivated fell from 85.8% in 1900 to 81.5% in 1910. Farm products must be a comparatively small item in the wealth of the state. She has no mining industries to speak of, except the stone quarries. Her natural advantages are much less than those possessed by the cotton states of the South, or by the agricultural states of the West, or by the mining states such as Pennsylvania and West Virginia. Connecticut must depend upon the physical and intellectual vigor of her citizens, rather than upon any natural resources.

In years past Connecticut has emphasized intellectual development. She has four colleges and numberless high schools, but it is a question whether the education given has been adapted to the needs of the people. She has been too largely influenced by the traditions of the past. One finds many instances where our colleges have attempted to put a mind trained in the structure of the Greek and Latin languages into the body of an ill-nourished, poorly developed, neurasthenic young man with the expectation of producing a sane, strong, intelligent citizen of him. The result could have been easily foreseen. Students who have taken their studies less seriously, have regarded study as an "extra-curriculum activity" and have spent a considerable time in athletics, have made good. The college education, therefore, has

been one-sided and failed to educate the whole man. The physical development of the student has received little attention. He was thought of as intellect without body.

The examination of recruits in the recent draft destroyed any illusion anyone may have had regarding the physical side of our educational system. The rejections from physical defects in recruits amounted in some states to nearly 40%.—even though presumably these recruits were taken from the young and vigorous men of the state. A large percentage were rejected on account of defective eyesight, many more for bad teeth, deafness, flat-foot, hernia, curvature of the spine, malnutrition, tuberculosis, etc.

Last spring, when the baby-weighing campaign was in progress, an opportunity was given to see the material from which our school children are developed. The large number of physical defects in children below school age was very apparent. In New Haven some three thousand children under school age were suffering from some physical defect. To be of value, such a baby-weighing programme should be followed up and all children suffering from any disease or physical defect should receive the best medical attention. What was done in New Haven about these three thousand cases? The records were turned over to the Visiting Nurse Association and five hundred of these cases have been visited and urged to go to the New Haven Dispensary or some physician. For the remaining two thousand five hundred cases nothing has been done. I understand that none of the cases have been followed up in Bridgeport. Many of these children, if allowed to go untreated, will have permanent deformities or some chronic disease and may become wards of the state; but, under proper care, will become strong and healthy citizens.

The physical condition of the recruits and of these children must have impressed any physician who made the examinations with the supreme importance to the state of a thorough system of physical education. As a theoretical consideration I have never heard anyone object to a system of physical education in the schools of the state. Almost all writers on education from the time of Rousseau and Herbert Spencer to the present acknowl-

edge, if they do not emphasize, the need of physical education. Since the European war the idea has begun to take concrete form in this country. Eight states (New York, New Jersey, Rhode Island, California, Illinois, Nevada, Maryland, and Delaware) have passed physical education laws, requiring a specified time varying from one to two hours a week to be given to this work in the public schools. In New York the physical education in the public schools is in the hands of the Board of Regents of New York University. Twenty minutes of physical training are required each day. It is provided that any school district having ten teachers must have one devoting his or her whole time to physical training. The law requires that each child shall have a physical examination, be given instruction in hygiene and shall have physical training.

The New Jersey law gives $2\frac{1}{2}$ hours weekly to physical education; Maryland, fifteen minutes daily, with one hour weekly of directed play or athletics. At present the Massachusetts legislature has a law under consideration. Public sentiment in Massachusetts has been much aroused by revelations which the first draft gave of the physical condition of her recruits (46% having been rejected in the first draft).

The United States Government is encouraging all efforts in this direction. It has been forced into this position almost in self-defence. In France a strong central committee has been formed to promote physical education. In England comprehensive and far-reaching provisions for physical education are incorporated in the new education law. We must, both as a state and as a nation, improve the physique of the average citizen in order to compete successfully with other countries.

In years past the policy of the medical profession has been directed toward the prevention of disease rather than toward securing a fine type of physical development. To be sure, the efforts in one direction favor those in the other, but the results desired are not the same. In the factory, in the office, on the farm and in the professions we need men who are not only free from disease but who possess tireless, intellectual and physical vigor, and I believe by a proper system of physical

education these results can be secured to a very much greater degree than they are at present. The surgeon who has to perform many operations daily and is often deprived of his night's rest appreciates the value first and foremost of a strong and vigorous body. Great efficiency in business, in manufacturing, or in the professions cannot be attained where a large percentage of the population is neurasthenic, or suffering from defective eyesight, from malnutrition, from bony deformities, or various diseases that might have been cured in childhood.

To state the facts plainly, then, here in Connecticut there are a large number of children growing up with various curable diseases that in later life will greatly impair their efficiency. As we have seen, this condition of affairs is not confined to Connecticut. The same thing exists in other states. Other states, however, have been quick to see the situation and are doing something to solve the problem. But in Connecticut there has been no organized effort to promote physical education and the state itself has made no effort, although most of the larger cities of the state have given the matter consideration.

In New Haven in the common schools twenty minutes a day are given to physical training. All teachers graduating from the State Normal School are given enough instruction to fit them to teach the rudiments of physical training. In addition to this, there are three school physicians and nine school nurses. The school physicians are expected to give five hours of their time daily to the schools. Each child, on entering the lowest grade, has to pass a physical examination. A card record is kept of this examination. No further examinations are made unless they are specially requested by the teacher or school nurse. The eyes of each pupil are examined every three years. This is done by the teachers and is a state law. All defects of vision are reported to the parents.

All these regulations and procedures show a conscientious effort in the right direction, but the defects are serious. First, in the physical training of a child, no provision is made for rectifying certain deformities of physique. All pupils have the same training. This, of course, is wrong. All pupils that have

physical defects of any sort should have special attention. This, perhaps, could be accomplished economically by forming classes of all children suffering from the same defect and giving them special exercises. The reclamation hospitals of the army offer a suggestion in this direction and also the special schools established in various cities for dealing with mentally defective children. The same principle can be applied to children with defective physique and in Chicago, Baltimore and a few other cities special schools have been opened for the physical development and treatment of children with certain physical defects. It might be said in objection to these ideas that carrying them out would be a great expense to the city or state. But consider for a moment the expense to the state of the intellectual training of the children. Compare it with the expenditures for physical education. The ratio of the expense of the one to the other is totally disproportionate to their importance. Certainly one would expect that one-third as much should be expended for a child's physical training as for its mental training. Yet, as things are now, I doubt if one one-hundredth as much is expended in this state for physical training as is expended for mental.

We need a great many more instructors in the public schools who give all their time to physical education. We need more school physicians who give their entire time to the examination of school children and are not hampered in their work by an outside practice.

Second: There is no effective method of following up cases that need special treatment. Certain physical defects may be found in a child by the school physician but that is pretty nearly the end of the matter so far as the city is concerned. The school nurses in these cases are often of great assistance in persuading the parents to take the child to a physician. If there were a reclamation school in the city all these cases could be sent there until either parents or the state took measures to remedy the matter.

Third: There is no effort to make the physical training of the child keep pace with the mental training. I think that this is a very important point. In the lower grades the exercises

should be simple and of short duration; as the child passes through the grades there should be a gradation of exercises from the simple to the more complex, and from shorter periods of exercises to longer ones. A child should not be allowed to go from a lower grade to a higher one until it has passed satisfactorily the physical tests of the grade he is in. Only by this continual and gradual increase in physical training can a well-formed muscular body be developed. When a boy reaches high school age he should have not only all deformities rectified as far as possible, but he should have a well-formed chest, a straight spine and a symmetrical muscular development. Recently the United States Government has made provision for furnishing military training in all the high schools of the country. The Government will bear all the expense of such training, furnishing the instructors, uniforms, and all other equipment. The high school, in order to secure this instructor, must furnish a class of at least one hundred healthy boys. The course must continue for two years and three hours a week must be given to military training.

Fourth: The physical training in this state is confined pretty much to the larger cities. It should be the business of the state to see that every child who attends school, wherever he lives, should have a physical education.

Fifth: More time should be given to physical training. It seems to me an error to expect much good from a period of fifteen or twenty minutes of calisthenics sandwiched in between a study period and a recitation. It disrupts all mental processes and antagonizes all efforts at concentration and it does not accomplish what it should on the physical side. I believe for a satisfactory gymnastic drill one must discard stiff collars, tight waists, closely fitting coats and trousers—in a word, one must dress in a proper uniform and then have exercises from fifteen minutes to one hour, varying with the age and strength of the class. These exercises should end the school day so far as mental work is concerned and the child should be allowed a bath and a period of rest.

Sixth: A spirit of competition should be introduced. Children should be marked on their work and prizes given at the end of the year for the best work. I hear the pessimist say to all this: But what does it profit to develop such a perfect physical type of manhood? Does it make a man stronger intellectually, stronger morally, more efficient, with fewer days of illness, less susceptible to infectious disease?

I take the ground that it does. I believe that a good physical development is a great help to an intellectual development. I believe that more effective intellectual work can be done by a man who works four hours in his study and spends three hours on the golf course every day than by the same man if he spends the whole seven hours in his study. I would apply the same rules to our colleges and schools. Pupils should do all their mental work in the hours of the morning from nine o'clock to twelve o'clock. The two hours in the afternoon should be devoted to physical development.

A glaring defect in our college education is that a large number of young men are graduated every year with poor physique, contracted chest, round shoulders, poor expansion and poor muscular development; and on the other hand, that a very small number are graduated who have been brought to a high state of physical development. Very often the students who need the physical training least have received the most attention and those who need it most have received no attention at all.

It is a fallacy to think that ill health does not impair intellectual power. It is sometimes said that to secure the finest intellectual fruits the discipline of illness and misfortune is needed. We are told that some of the greatest intellectual tasks have been accomplished by invalids, for instance, Darwin and Stevenson. Such men are to be admired for what they did in spite of their illnesses and not because of them. Ill health warps the judgment, lessens the power of concentration and application, does not permit of prolonged intellectual effort. The recent investigations of Prof. Ellsworth Huntington on this point seem to me conclusive if one desires to argue the point. He has shown

that the mental vigor of a community varies directly with the death rate.

Nowadays there is a rather insistent and not altogether unreasonable demand on the part of a large number of people for universal military training in this country. This springs from a belief that certain moral, physical and intellectual traits can be secured by a military training that can be received in no other way, and that these traits are essential to the highest development of the American citizen. Let us consider some of these traits so highly desired—a strong, sound body, indifference to physical hardship and suffering, a knowledge of how to care for one's health in unsanitary surroundings, the virtues of obedience to law, devotion to duty, bravery, self-reliance, endurance. Most of these are moral qualities. When we come to analyze them, it is a question whether army life can give them to the individual if the germs of them are not already there. The rigid discipline of the army secures order and obedience even among the most lawless and when the restraints of army life are removed, the soldiers who were lawless before continue to be lawless citizens. It would seem that the qualities referred to would grow and develop most naturally in a child with a healthy, nervous organization and a well-developed body. It should be a question of primary importance to educators how to teach children obedience, how to make them respectors of law, devoted to duty, brave, self-reliant, with quick judgment. To teach them these things is as important as to teach them to read and write.

I believe, therefore, that a proper education can secure as high a type of citizen both morally and physically as can be attained by universal military service. There should be no difficulty in giving a physical training in our schools which would be adapted to civil as well as to military life. The standard of physical development required in entering the army is the same as that which makes for efficiency in civil life. The special technical education needed in artillery, aeroplane, and machine gun service should be given in our colleges. In this way the enormous drain on the country in removing several million

young men from civil life every year for military training could be avoided and equally good results accomplished by our school system.

Now is the opportune time to present this question of physical training in our schools to the public. A scheme of physical education should not be entered upon in a haphazard way. In our large cities it would be well if one school in each city were selected where special courses in physical training were given and where special efforts were made to cure and rectify all physical deformities. Let us plan that in such a school the afternoon session of two hours should be devoted in part to talks on hygiene, physiology and in part to gymnastic training; that in such a school each child should be measured and weighed twice a year, and that whenever a pupil fell below the standard for its age an attempt should be made to find out the cause and rectify it; that in such a school special attention should be given children with adenoids, enlarged tonsils, poor teeth, defective vision, deafness, and deformities of the chest, spine and extremities; that in such a school there should be a large playground and when the weather permitted all the gymnastic training should be given out of doors.

Let the city conduct such a school for five years and then let it compare the scholarship and health of that school with the other schools of the city—and let the system stand or fall by the results. There is no question in my mind what the result would be.

In closing let me quote a few paragraphs from Herbert Spencer's essay on Education, for Spencer has written more convincing on this subject than any other writer that I know of:

"We infer that, as vigorous health and its accompanying high spirits are larger elements of happiness than any other things whatever the teaching how to maintain them is a teaching that yields in moment to no other whatever. And therefore we assert that such a course of physiology as is needful for the comprehension of its general truths, and their bearings on daily conduct, is an all essential part of rational education. Strange that the assertion should need making! Stranger still that it

should need defending! Yet there are not a few by whom such a proposition will be received with something approaching to derision. Men who would blush if caught saying Iphegénia instead of Iphegenia or would resent as an insult any imputation of ignorance respecting the fabled labors of a fabled demigod show not the slightest shame in confessing that they do not know where the eustachian tubes are, what are the actions of the spinal cord, what is the normal rate of pulsation or how the lungs are inflated. While anxious that their sons should be well up in the superstitions of two thousand years ago, they care not that they should be taught anything about the structure and functions of their own bodies—nay, even wish them not to be so taught. So overwhelming is the influence of established routine! So terribly in our education does the ornamental override the useful!"

DISCUSSION.

DR. ROGERS (New Haven): Taking the country as a whole, and considering the greater care in examination in the recent draft, there is little ground for believing that the national physique has degenerated very much, though it has never been what it ought to be, but, as Dr. Foote has pointed out, the revelations of the draft in industrial regions where the best blood of the country drains into the cities is quite another story. And what we may look forward to in the not distant future is shadowed darkly by the experience of England, where industrialism has longer held sway. In the survey, conducted in the thorough manner of such British investigations, the conclusion was reached that if a population is healthy, a thousand army recruits should yield about 700 men fit for strenuous military service, about 200 fit for less strenuous service, about 75 unfit for active physical employment and 25 totally unfit,—or 90% fit and 10% unfit for service.

There were many industrial towns, however, not previously drawn upon, which yielded only 460 fit and 540 unfit. And this in a country which has led the world in efforts against industrial evils. It is very significant to note also that no amount of training brought the 540 unfit into the fit class. The human machine was never good or had been damaged long since beyond repair.

And this leads to the second item which especially appealed to me in Dr. Foote's paper, and that was its breadth of view of the subject. The words physical training mean very different things to different people. To many minds, they suggest nothing more than a set of formal muscular

exercises. Herbert Spencer, whose essay on Education has been more read and less followed than any other work of modern times, places first on the programme for physical education the feeding of the child. It is a fundamental of physiology that the human body is a machine for transforming latent into active energy. Given plenty of good food, pure air and sleep, the machine will not only run but overrun in play, if it has half a chance. But it is hardly worth while to waste the teaching of gymnastics and games on children who have no energy to respond. The public schools of New York have had an excellent system of gymnastics for thirty years, but it has not prevented or improved malnutrition in 40% of its children. The children of Connecticut cities are not so much better off. There must be adequate supervision of children of pre-school age and a linking of home and school in health work if real results are to be obtained. There should be adequate teaching of hygiene and sanitation and I know of no school in Connecticut which has attacked these subjects after the practical method of teaching *health habits* rather than mere facts.

When it comes to physical training in the narrower sense, at least an hour a day of vigorous muscular exercise should be made possible in a suitable place and with suitable clothing, and in a city, two hours a day would be even more fitting.

DR. BARNES (Stamford): I want to emphasize all that Dr. Foote has said, but on the other hand, it seems to me that there was undue emphasis on one point, the condition of our drafted men. These men in the draft were not pupils in our public schools but received the greater part of their education ten or fifteen years ago. I would like Dr. Foote to come to Stamford and see our schools. Let me recall an incident that happened to me recently. I met a supervisor of one of the departments of the schools of New Jersey who had been to Hartford to attend a convention. This lady said to me that she had never seen 3,000 girls and boys under such absolute discipline as she saw in the Hartford High School. She said they showed their discipline every moment. That the girls and boys came in quietly and took their positions as if they had been trained for that alone. If they could do that there must be something back of it, the physical training of these Hartford schools must be taken into account. I have no correlated data on the agricultural conditions in Connecticut but you cannot compare 1910 and 1919. I make this statement with perfect confidence that the number of acres planted to-day in agricultural and garden crops is one-third more than in 1910. And when it comes to comparing Connecticut girls and boys with those of any other state I think you will find that the majority of them range up nearly as well. When it comes to the men in the draft we find that they were lacking everywhere in all our states. You know that; you who have come in contact with the men from different parts of the country.

In Stamford we are trying to get a regulated physical development among our school children. We have a physical director, also a card record of each girl and boy and careful measurement of each kept for future use. We have systematized play and games. In the old days the high school had all the football and other games; now every grammar school has its games. We have our medical inspectors, who do good work though not all they should do. One thing we ought to have is careful talks to children by the medical profession. The medical men are to blame for our lack of it: they do not care to do it. The girls and boys enjoy and profit by it. Our doctors find it very hard to make the necessary preparation for some of these things. We have a Board of Finance in our school system and they are pushing us right along so we have to go carefully in our expenditures. Previous to the inception of the Board of Finance we had established certain standards of physical instruction in our schools which they refuse to provide for. A very serious mistake. We have regulated exercises, we have physical instruction, gymnastics, etc. We also have a military company, under the auspices of the United States Government, consisting of three companies.

DR. GOODENOUGH (Waterbury): I am very glad to hear that the schools at Stamford are in good condition. Waterbury is getting into good condition, too, but if you should read the papers of several days past you would say that they are in pretty bad condition. You would see that Dr. Goodenough has had the temerity to strip several children in order to examine them. Not only that, but with a nurse and teacher present, he has occasionally had two or three female children undressed at the same time, to hasten things,—and it makes a very serious state of affairs. Not only that, but the condition of these children,—their general physical condition and their defects,—makes it an awful thing to put on paper such records, for people don't like it; they don't want such records kept.

It is not all bad in Waterbury. We will have our infants cared for. If you had seen the children I examined last week and their condition, you would appreciate that we need more work, both educational and by health sources. Right here in this building is one thing which every city in the state that can, must have: that is a health organization that is dove-tailed together under a head which sees that each year advance is made in all branches of health work. The organization here has been running only two or three years, and it is a remarkable one to me; it is in some ways ideal, and it is what we are sometime going to have in Waterbury. I am glad that the Hartford High School has health and discipline. Even Hartford needs to begin with first, second, and third grade children. To make the most of physical training we must begin early, if possible,—even with the babies before they go to school. Yesterday the director of physical training in the Waterbury High School asked if there was nothing I could do to get the use of a fine grammar

school gymnasium. She had some special work to do and said "I cannot possibly get it for practice after school hours, they won't allow me to use it." She should have it.

I asked one of our first grade teachers if the children objected to their thorough examination. She said no. The only objection raised was that the children that came last were eager to be first examined. I examined last Friday the noses and throats of 100 children. Only one of them whimpered. You can get these things done. In the Clark School in Waterbury are first, second, and third grade children. We have a beautiful swimming pool; people come in from outside and take swimming lessons and pay for them, I believe. Why cannot these little ones, living in congested blocks, most of them (60%, I might say 80%) not clean, have bathing accommodations fitted for their use? A teacher said to me: "Why is it that I cannot have the pool half filled with water, so that I can take my children there and give them a swim and a bath?" We have a shower where they could be cleaned before they go in. If we take half a day a week or in two weeks for bathing, the children would study enough better to pay. We are going to have something done to make the most of the bathing facilities in our best grammar school for the benefit of small children.

DR. ARNOLD (New Haven): In connection with this matter I should like to draw your attention to some figures contained in the report of the Provost Marshal General on the first draft. In the list of states, arranged according to the number of rejections, Pennsylvania has the highest number of rejections with a little over forty-seven per cent. Connecticut comes second with forty-six and six-tenths per cent. The Connecticut Medical Society, a body having to do with the health of the community, can of course not permit such a condition to continue. We can not let Connecticut continue second worst in this respect. As medicine is more and more becoming a preventive science, it is plainly our duty individually and as a body to rectify this matter.

Some other of the figures of that report are extremely interesting. A good many diseases of the body politic are laid to immigration, but the number of draft defectives can not be so charged. The state of South Dakota, which has over fifty per cent of immigration, is the best state in the draft, while North Carolina, which has only one per cent of immigrants, has a defect percentage still greater than the national one. Draft rejects have been charged to industrialism, but Pennsylvania, likely the greatest industrial state in the Union, shows that its industrial centers do not furnish the greatest number of defectives. Philadelphia is decidedly better than the rest of the state and Pittsburgh is still better than Philadelphia. Again, the evils of the large cities have been charged with producing draft defectives, but as the two cities mentioned are better than their state, as New York City has a better average than New York State and as in our own instance New Haven has a much better average than Connecticut, it is plain that the conditions that bring

about draft defects are not confined nor even predominant in the large cities. It has been here mentioned that the larger cities of the state do provide both health supervision and physical education for their children. What is needed is the care of all of the children in the state, not the least those in the smaller places and the country. This can only be effected by state laws dealing with physical education of all the children. New York has had such a law in operation for several years. The Federal Government is making an effort to have such laws passed in all the several states.

In 1918 the Federal Commissioner of Education called a national conference on physical education. This body considered ways and means by which physical education laws should be enacted in the several states. It finally deputed a well-organized body, The American Playground and Recreation Association, the association that has had the War Camp Community Service so successfully in hand, to introduce physical education laws in the legislatures of the several states and to carry on a propaganda for their adoption. This body has been successful so far to have laws on physical education enacted in thirteen states. It was too late to introduce the draft of such a law in the Connecticut Legislature at the last session. The next session, however, will be approached with a law to introduce physical education on a broad basis in this state.

I wish to bespeak for the efforts of that body your coöperation and help so that Connecticut may have for its children the benefit of an efficient law in that respect.

DR. OVERLOOK (Pomfret): What I have to say has nothing to do with the question. I know nothing about the public schools but I have under my care a private school of 125 to 150 boys of eleven to eighteen years of age,—hardly any over eighteen,—and my experience might be of interest to you who are working in the public schools, on one or two points. The school is fitted with a rowing course, baseball, football, tennis, etc. A point that may be of especial interest to you is the number of boys that come to this school who are deficient in some way. They are all the sons of wealthy people and their medical attendants are the best men in the profession. It would surprise you to know the number of boys who come with bad hearts, with flat feet, with spinal curvatures, having ill-fitting shoes, and various other defects. Twenty years ago many of these boys came with enlarged tonsils, deviated septums, etc., and in those respects they have very much improved. Very few in recent years have not had these attended to. Evidently the work in the public schools has aroused interest in the parents or their physicians and has led them to look after these things in boys who attend the private schools.

DR. FOOTE: It has been stated that it is extremely important to look after the children under school age. Unquestionably much of the trouble in children below that age has to do with improper food. The troubles

of childhood are so closely associated with industrial conditions, cost of milk, etc., that very likely the state will have to look after the nutrition of children under school age. A card catalogue ought to be kept of these, stating their weight and measurement, particularly in the class of children that are not well cared for. In New Haven we have some 26,000 school children,—we have had three school physicians, one of these absent in the service,—so that we have only two physicians to look after these 26,000 children; and they can only give five hours a day, which is almost valueless. Dr. Goodenough spoke about stripping the children. I understand there is a law in some cities (and I am not sure the state law does not require it) that each child should be examined, but I understand the state law prohibits stripping to make the examination. If that law is followed, many physical defects will not be discovered.

DR. DONALDSON (Fairfield): We have all been highly edified by Dr. Foote's paper which is of such importance to the public, and many who are not here to-day will like to read the paper when published in our Proceedings; and I was very much gratified when Dr. Rogers made the suggestion that the Committee on Publication be requested to furnish a copy of Dr. Foote's paper, with an abstract of the discussion, for publication in the public press.

Observations on Gastric Surgery.

DR. EDWARD R. LAMPSON, Hartford.

As one reviews the medical literature on the subject of gastric surgery and reads the articles which have come forth from the great clinics of this and other countries, he realizes the impossibility of producing anything new or original along this line of work. Notwithstanding, I have decided to report, for what it may be worth, my experience in this line of surgery during the past three years. Most of these cases, however, have been operated upon during the past two years or since my appointment as full attending surgeon at the Hartford Hospital. It is by studying our cases and records that we are stimulated to do better work and make more careful histories because in so doing we appreciate many shortcomings and see where improvement can be made.

I have operated on 41 patients for various gastric conditions and have done 43 operations, 2 of the patients being operated upon the second time.

There were among these—26 with non-perforated duodenal or gastric ulcers; 6 perforated ulcer cases; 3 children having congenital pyloric stenosis; 3 patients with carcinoma of stomach; 3 operations of gastrostomy for stricture of the esophagus. Of the non-perforated ulcer cases the oldest patient was 68 and the youngest 17, the average age being 41.5 years. There were among these 22 duodenal and 6 gastric ulcers, 2 having both gastric and duodenal. Seventeen or 65.4% were males and 9 or 34.6% were females. Six of these cases gave a history of melena or hematemesis, 3 of them of severe type and they were operated upon after they had sufficiently recovered from their hemorrhages. One of these cases was of such severity that transfusion was resorted to to save his life, as he was completely exsanguinated, having had a previous hemorrhage one week before.

A Roentgenological examination was made of every case except two. The reason it was not made in these was—in the first one the diagnosis of “gall stones” had been erroneously made and so sure did we feel of our diagnosis that an X-ray examination was omitted. Upon operating, no gall stones were found but a well-marked duodenal ulcer. In the second case, the operation was done as an emergency, a perforated duodenal ulcer being suspected. This patient, five weeks before, had had a severe hemorrhage from a duodenal ulcer and was convalescing, having been on a Lenhartz diet for that period of time. In the early morning he was seized with a sudden severe pain in the upper abdomen. When I saw him his abdomen was rigid, his pain so intense that great beads of perspiration stood out on his forehead. I rushed him to the hospital and had Dr. Steiner see him in consultation. He agreed to the diagnosis of probable perforated duodenal ulcer. I operated at six-thirty in the morning and was pleased to find our diagnosis incorrect as to perforation but a large indurated duodenal ulcer was found and a gastroenterostomy was done. I have never been able to understand the cause of the excruciating pain but probably it was simply an extraordinarily severe pylorospasm.

Of the 24 cases reported upon, one patient could not retain the barium and, therefore, the report was incomplete, leaving 23 cases for consideration. In 17 of these, the operative findings agreed with the recorded X-ray examinations. In 6 cases, the Roentgenological reports and the operative findings did not agree. This gives us an error of 26%. The 3 cases of carcinoma of the stomach were not included in this list but a correct diagnosis was made in each case. I am sure that with the greater experience of our Roentgenologists we are not now making as large a percentage of errors.

The gastric contents were not analyzed in as many cases as should have been done, 8 such examinations only having been made. In 6 there was a hyperacidity and in two the acid content was about normal. I am afraid that it must be confessed that with the advent of fluoroscopic and Roentgenological exam-

inations we are thinking less of the importance of the analysis of the gastric contents and in some of these cases where the diagnosis made from the serial plates seemed positive, the gastric analyses were omitted. This is not as it should be as every aid to diagnosis should be used to enable us to arrive at as correct and accurate diagnosis as possible. And one result of looking through these series of cases is that I am personally resolved in every instance in future to have, except in those cases where the emergency is great or where there has been a recent hemorrhage, gastric analyses made.

Eleven patients showed no loss of weight, 15 patients lost an average of 19 lbs., the greatest loss being 50 lbs. and the least recorded weight 10 lbs. Vomiting did not seem to be a prominent symptom as it was absent in 14 cases, present in 12.

Pain or gastric distress came on from one to three hours after eating and was relieved by food or alkalis and was present in all cases except 2 and these 2 cases complained of no pain. In the gastric cases the pain seemed to come on sooner after the ingestion of food than the duodenal and to be a marked symptom. As one Italian expressed it—"No food, no pain," and therefore he was starving himself.

Eusterman of Rochester says that the nearer the ulcer is to the cardiac end of the stomach, the sooner the pain occurs after eating and it was interesting to find that in my small series of cases the same thing seemed to hold good, but unfortunately this is not constantly true. The periodicity of the attacks was noticeable in the histories, the time being covered from twenty to two years with recurring attacks and intervals of freedom from pain from years to months.

Six of the patients had had previous operations including appendectomy, removal of ovarium cysts and separation of adhesions.

Type of Operations Performed.

Where the patient was suffering from an uncomplicated duodenal ulcer a posterior short loop anti-peristaltic gastro-enterostomy was performed without any attempt at pyloric

occlusion or excision of the ulcer. It is now considered that the object of the gastroenterostomy is not simply one of drainage of the stomach contents but that its chief advantage comes from the fact that thereby the hyperacidity of the stomach is permanently lowered on an average of from 20 to 30 points as has been shown and is now taught by the Mayo Clinic.

As the operation for pyloric occlusion is not permanently successful and as the pylorus will again open unless an operation of great magnitude, such as infolding the mucosa of the duodenum and the stomach or complete severance of the duodenum from the stomach, is undertaken, I have never considered it wise to add to an operative procedure which in itself gives such satisfactory results.

Of the gastric ulcers, I have excised three. One I excised without doing a gastroenterostomy and was obliged later to do a gastroenterostomy and found an ulcer of the duodenum. Whether this had been overlooked at the first operation or had formed subsequent to my first operation I do not know. At any rate the patient has been cured since the gastroenterostomy. In one case, on account of almost complete pyloric occlusion I did a Finny operation with excision of the gastric ulcer instead of a gastroenterostomy. This patient's weight had diminished from 95 to 65 lbs. and she made an uninterrupted recovery.

Immediate results are most gratifying. The patients show less shock, less abdominal distension and less elevation of pulse and temperature than after almost any abdominal operation, certainly no more if as much as following an ordinary operation for simple appendicitis.

Among this series of cases I have lost no gastroenterostomies but have had one vicious cycle in which it was necessary to do an entero-enterostomy later, which patient made a complete recovery. Another patient, with a perfectly normal temperature, vomited for two weeks and presented a condition which resembled a vicious cycle. This case, however, I lost track of as the patient left the Hartford Hospital against advice and I don't know what became of him.

In the first case I had done an iso-peristaltic instead of an

anti-peristaltic anastomosis, i. e., I had given the jejunum a turn so that the peristalsis was in the same direction as the peristalsis of the stomach, instead of against the peristalsis of the stomach as the loop seemed to fall more naturally in this direction. In the other case, if I made any error, I think it was in making the gastric opening too near the pylorus.

The result of this series of operations as to recovery is most gratifying and no more thankful patients can be found than those who have suffered for years from gastric distress, and are then relieved of their symptoms.

My only fatality was in a case where there was an enormous tumor on the lesser curvature and posterior wall of the stomach in the pars media, the size of a lemon, which was easily palpable before operation. This tumor was adherent to the pancreas, was hard and there was an enlarged mesenteric gland—in all respects resembled malignancy. The pathologist on examining the gross specimen was sure that it was malignant but microscopic examination failed to show that it was other than an extraordinarily large gastric ulcer. I did a partial gastrectomy but there was apparently some point of leakage and the patient died of peritonitis eight days after operation.

Perforated Gastric Ulcers.

I have had 6 cases, 5 duodenal and 1 gastric. Of these, 3 have recovered and 3 have died. I think in this type of case, more credit is due the physician who makes a correct diagnosis and rushes his patient to the hospital, than to the surgeon who simply opens the abdomen and drains, inasmuch as most of the cases operated upon inside of twelve hours recover and most of those delayed after eighteen hours die. I do not believe in doing a posterior gastroenterostomy at the time but simply infolding the perforation and draining. The ulcer is often cured by the fact that it has perforated and later infolded and why do a gastroenterostomy for something which is cured or about to be cured?

I agree with the advice of Dr. Gibson of New York who does not think it advisable to do a gastroenterostomy at the time or

even later unless following recovery they show symptoms of continued gastric trouble. If they do, a gastroenterostomy should be performed. Of my 3 recoveries, 2 have shown no symptoms of stomach trouble, 1 has, and I expect to do a gastroenterostomy later upon him.

Congenital Pyloric Stenosis.

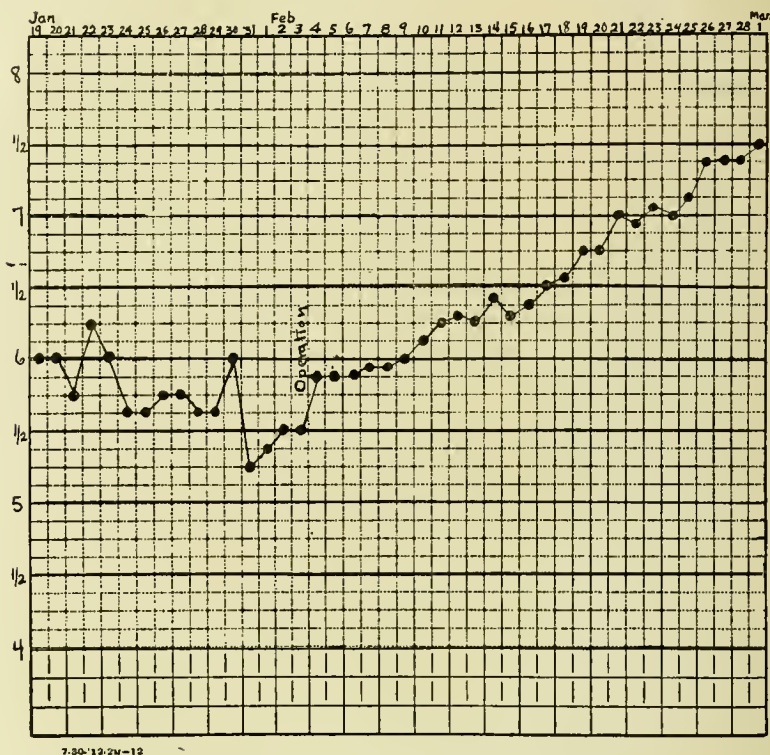
This is a most interesting condition and the results of surgical operations upon these cases spectacular. Last year when the State Medical Society met in Hartford I showed 2 of these children who had been operated upon. I regret to say that since that time I have had only one more case to add to the list making a total of 3. It is now thought, in accordance with the advice of Holt, that it is best to divide these cases into cases of congenital pyloric stenosis of a mild or severe type and to give up the classification of pylorospasm and stenosis.

After the diagnosis of congenital pyloric stenosis is made, the consideration should then be—is this a case which should be treated surgically or medically? If after careful feeding and doses of paregoric to relax the pyloric muscle, the child is not improved, he should be turned over to the surgeon for operation. The operation as devised by Rammstedt is so simple, so quickly performed and these babies show so little shock, that the surgical procedure should not be looked forward to with such dread as is apt to be the case with the family and with the medical men who are unaccustomed to observe the ease with which small children go through surgical operations.

Children with this condition, as a rule, do fairly well for a while after birth—take their food properly, do not vomit and gain in weight. Any time between two weeks and eight weeks, sometimes longer, they begin to vomit after feeding, the vomitus being projectile in character. There is a progressive loss of weight and almost absolute constipation. Later on the abdomen is distended, rigid and visible peristalsis is seen and sometimes a palpable tumor appears in the region of the pylorus which can be felt at certain degrees of gastric distention. X-ray examination of these cases is very interesting and shows a

marked gastric retention at the end of three hours, in direct counterdistinction to the gastric activity of a normal baby's stomach which should empty itself of the bismuth very quickly.

The additional case which I have to report is one where it



Weight chart showing rapid gain in weight after operation for Congenital Pyloric Stenosis.

was very difficult to obtain consent for operation from the parents and after I had succeeded in doing that, I operated on Sunday rather than on Monday as I was afraid that by Monday the child would be dead. The child made an uninterrupted recovery and at the end of six weeks it weighed nine pounds, had pneu-



Showing the crater of an ulcer filled with barium, the so called Haudeks notch and a stenosis of the pylorus due to a hypertrophied pyloric muscle.



Showing three hour bismuth retention in case of congenital pyloric stenosis.



Cast of congenital pyloric stenosis six weeks after operation, baby having gained $2\frac{1}{2}$ lbs.



One year and four months after operation for congenital pyloric stenosis.

monia in the hospital, recovered from that and is now doing splendidly.

The three cases of carcinoma of the stomach were simply exploratory operations in which it was hoped that a gastroenterostomy might be done to relieve the pain. However, in each instance they were so advanced that not even a gastroenterostomy could be performed. It is unfortunate that these cancers of the stomach cannot be gotten to the surgeon earlier because early cancers in the pars media and the pars pylorica can in a good many instances be cured.

The operative mortality is rather high, reported at the Mayo Clinic as 12%, but the mortality without operation is 100% and their percentage of cures is 26% for a period of three years subsequent to operation and 20% for a five-year period after operation. I have been in hopes to find some of these carcinoma cases would be operable, but think that more frequent use of the Roentgenological examination associated with a more consistent gastric analysis will bring more of these cases to the surgeon sufficiently early so that something can be done.

Of the cases for gastrostomy, 2 were performed to relieve distressing carcinoma of the esophagus. They simply enabled the patients to live a little longer with a greater degree of comfort than they had while they were attempting to swallow their food by the mouth. I think in both instances the operations were justifiable and satisfactory. The other gastrostomy case was performed for a congenital stricture of the esophagus of a baby 8½ months old. Diagnosis in this case was made by Dr. Goodrich. X-ray examination showed a large diverticulum above the diaphragm due to stricture. This baby was operated upon when it weighed 8½ lbs. A gastrostomy was performed, the Stamm method of gastrostomy being used. The baby was fed through this entirely. After it had recovered from the operation the baby gained weight so that at the end of six weeks it weighed 12 lbs. By that time we considered it sufficiently strong to have Dr. Dwyer attempt to dilate the stricture. This he has done constantly since that time and the dilatation of the stricture is pro-

gressing satisfactorily. The child is taking food both by mouth and through the gastrostomy opening and now weighs 15 lbs. This is very unusual and to me an extraordinarily interesting case.

In conclusion I wish to emphasize the importance of carefully studying all patients with gastric symptoms to determine whether there is a so-called hyperchlorhydria without an organic change, or there is an ulcer of the stomach, or a beginning carcinoma. This can be done by means of the fluoroscope, the Roentgenological examination, gastric analysis and above all a carefully taken history.

In regard to duodenal and gastric ulcer, I do not wish you to think that I am an advocate of operation without first trying a thorough course of treatment under good medical advice, but when this fails as it so often does operation should not be delayed too long as the patient is being deprived of comfort that might be his.

DISCUSSION.

DR. BILL (Bridgeport): If Dr. Lampson bemoans the fact that little is left for him to say on surgery of the stomach after perusal of the literature, he leaves any one who would add to his paper in a more difficult position. However, there are some points that will bear repetition.

In the first place, we cannot insist too strongly on having and using more aids in diagnosis. Dr. Lampson's experience with the X-ray finding is common to all operators. Sometimes we find an ulcer when the X-ray man showed the most ragged cancer and, at least once in a while, a typical ulcer plate has to be matched with the normal stomach. We have been depending too much and asking too much of the Roentgenologist and not enough of the pathological laboratory. I am glad to say that I have had no experience with the "vicious circle" and I wonder if the fact that we always make the anastomosis at just the height of the first curve of the jejunum with no chance for a loop and that we are insistent that the patient have nothing whatever by mouth for at least twenty-four hours and is kept on fluids for at least five days, has anything to do with our good fortune.

In all cases of gastric ulcer, we try to excise or burn out the ulcer and in nearly all duodenal ulcers we leave it alone. In both conditions a gastroenterostomy is done unless the gastric ulcer is too near the cardiac end of the stomach.

There is one complication that has bothered us some and that is the vomiting of blood for a few hours after operation. This has occurred

in a certain number of cases, although it is a routine practice to ligate the vessels in the gastric wound before the mucous membrane is cut. This bleeding has never been dangerous and I think comes in large part from the handling of the ulcer area during operation.

I agree entirely with Dr. Lampson in the treatment of perforated gastric or duodenal ulcer. Dr. Shea, my associate, has reported a series of nine consecutive cases occurring within twelve months, which were treated exactly as Dr. Lampson has described and they all got well. Early diagnosis and operation are the essentials of success.

I cannot agree that the Ramsteadt operation is as simple and safe as the paper implies. To succeed, the entire muscular layer of the pylorus must be divided, both in its length and depth; if a small amount of muscle is left intact the procedure fails and if the incision is carried too deeply, especially at the duodenal end, a perforation and failure result. Dr. Lampson is to be congratulated on his success with this operation.

DR. HARTSHORN (New Haven): From the surgical standpoint, there is probably no subject more important than the problems presented by the pathological lesions of the stomach. Dr. Lampson's paper has reviewed a most interesting topic. Gastric ulcer is one of the common lesions of the stomach. The etiology of gastric cancer is so closely associated with it that the importance of early diagnosis and proper treatment cannot be over-estimated. Gastric ulcers in their earlier stages should have the benefit of careful medical treatment associated, in the case of severe hemorrhages, with the transfusion of blood. In the case of the chronic ulcer with marked gastric distress, or of a perforated ulcer, surgical intervention is most essential. This includes suture, excision or cauterization of the ulcer, plus a gastro-enterostomy. In these methods of treatment I think without doubt the gastro-enterostomy is very important. This can always be done in the chronic type and should be done whenever possible in the acute perforative ulcers.

Excision of a chronic ulcer is always attended with the danger of hemorrhage. A gastro-enterostomy alone without excision by the knife or cautery will practically cure many of these cases by giving them the proper relief from the irritation of the passage of food and adequate drainage. The short loop operation is of course the only one to do to-day. To avoid hemorrhage careful suture of the gastric vessels should be a routine measure.

Early diagnosis in the perforative gastric ulcer means life to the patient. If the operation is delayed the outlook is grave and the patient's condition will not as a rule permit a gastro-enterostomy to be done. The important point is early diagnosis, and by that we mean either immediate or with not more than six hours delay. The mortality increases in direct proportion to the number of hours elapsing since the perforation occurred. The general practitioner should always bear this in mind. The cardinal symptoms are (a) sudden intense pain in the epigastrium following the ingestion of food; (b) board-like abdominal rigidity. The general picture

is one of a severe abdominal catastrophe. The perforation is usually surrounded by an extensive inflamed area. Often it is impossible to close the opening owing to this. In these cases an omental transplant should be sutured over the perforation and if the patient's condition will permit a gastro-enterostomy done. The abdomen should be thoroughly drained. In case of long-delayed diagnosis, the shorter the method employed at operation the better.

Regarding the infantile type of pyloric hypertrophy and Ramsteadt's operation, I should like to see more of them done. Compared with a gastro-enterostomy in infants, it is a simple procedure. The danger of perforation of the mucous membrane is a real one but is not so great as the danger incurred in the length of time needed for a gastro-enterostomy. Certain factors are most important if success is to be obtained by this or any other operation in infancy: (a) Early diagnosis. In infants projectile vomiting, constipation and a distended abdomen should always impress the physician with the importance of a surgical consultation. Early diagnosis is the vital point. If these infants become weakened by delay and attempts at feeding the prognosis becomes unfavorable with startling rapidity. (b) Very small incision. Remember that the liver in infants extends well down to the umbilicus. (c) Rapidity of operation. Not over fifteen minutes should be taken. (d) Early feeding after operation, preferably with mother's milk.

DR. PATTERSON (Bridgeport): One question has not been brought up which seems to me the mooted question of this subject. "Are all ulcers surgical cases?"

If these cases can be cured by medical means, well and good, for while men report cures of 65% to 87% from surgery, we have to take such claims with a grain of salt.

The proof of the cure of gastric ulcers is in the eating. If these patients can lead a normal eating life after medical treatment, taking care of average meals without discomfort, call them cured; but if they have to live on milk foods forever after, then they are not cured. I have several ulcer cases which have been cured medically and I know these patients still approach a square meal with fear and trembling. They are only relieved, not cured. One case was cured for a month. At the end of this time, though still on a suitable diet, he had a tremendous hemorrhage and it was necessary to do a blood transfusion before he could be subjected to a gastro-enterostomy and really cured.

The Sippy treatment is popularly accepted by the medical profession and rightly handled gives excellent results, but I believe that surgery is necessary in most cases.

DR. MENDILLO (New Haven): I would like to hear from some of the surgeons that have had a large experience, particularly on three points. First, the point of hemorrhage following the operation. Then another thing has been brought up,—the vicious circle that followed the operation.

Another point is the use of the X-ray in making the proper diagnosis. Two things have not been brought out to-day: the operative technique in handling gastric and duodenal ulcers; first, as done without the use of clamps, and, second, the character of the suture. I think it would be of interest to have the men bring out these two points: the method of procedure in operative technique in regard to the advisability of operating in gastro-enterostomy without clamps, and as to the use of absorbable or non-absorbable sutures.

DR. LAMPSON: In the portion of my paper which I omitted in reading so that I might have time to show my lantern slides, I explained the reason for the vicious circle in the case referred to. I think it was due to the fact that I made an iso-peristaltic anastomosis instead of an anti-peristaltic anastomosis, i. e., so that the peristalsis was in the same direction with the stomach. The reason that I did this was because shortly before this operation I read an article by a well-known authority which said it made no difference which way the jejunal loop was turned. This case, however, demonstrated the fact that it sometimes does make a difference and henceforth I shall never use the iso-peristaltic method of anastomosis. An entero-enterostomy absolutely cured this patient.

I have been fortunate in having only slight hemorrhages following gastro-enterostomy. The advantage of doing an operation without clamps is supposed to be that you can control the hemorrhage. I sometimes use clamps and sometimes not. The operation without clamps takes a little longer but otherwise it is no harder than with clamps.

As far as absorbable sutures are concerned, I think the majority of surgeons use nothing but absorbable, but if one does use non-absorbable he should use interrupted sutures, not continuous.

War Wounds of the Chest and Lungs.

DR. WILLIAM F. VERDI, New Haven.

It was by the merest chance that I had the good fortune to do lung surgery. One evening early in August, while at Château-Thierry, Major McCoy, the commanding officer of Evacuation Hospital No. 107, asked me if I would like to go with him to the front line trenches. To those of you who have been in the army, an invitation of this character can be fully appreciated. We started the following morning. At this time the American troops were battling with the Germans at the River Vesle. In due time we reached Fere-en-Tardenois, where Field Hospital No. 307 was established. At this hospital I had the rare good fortune to meet Colonel, then Major, Yates. A number of wounded men had been brought in during the night, and among them were two cases with wounds involving the chest and lungs. Colonel Yates informed me that he had been doing some chest work by a method he had evolved and very kindly invited me to see how well and with what slight reaction this operation was borne by the patient. The result of his work was so wonderful, that I ventured to suggest how fortunate I should consider myself if, by any possible chance, I could be permitted to do such work.

I had already been through the debrising of wounds and while it in itself was an operation which required skill and knowledge of anatomy, I yearned to do something more. Colonel Yates at that time told me he had not yet fully perfected his operation and that as soon as he could be released from this sector he was going to the Laboratory for Surgical Research at Dijon for further experimental work on this subject. He had been directed by General Finney, the chief surgical consultant of the A. E. F., to make an effort to standardize a procedure for the surgical treatment of thoracic injuries. My opportunity arrived September first. Colonel Yates came into our Base Hospital No. 52 one evening while I was at mess, armed with an order

from General Pershing, directing me to proceed to Dijon to the Central Medical Department Laboratory. Immediately after mess we started by automobile to comply with this order.

The German propaganda before the war, which enshrouded every activity of life, had set forth a dictum, a dogmatic statement, that pulmonary surgery was possible only when elaborate chambers and appliances could be used; hence, the Saurebruch negative pressure chamber and positive pressure apparatus were considered indispensable and essential for successful work on the lung. It is my opinion that it was this critical dictum of the Germans which delayed surgical procedures for chest wounds. It is needless to say that, from my own experience alone, such diabolical machines are entirely unnecessary for this type of work.

In part at least on this account and despite the great need for it, as shown in the following paragraph, gunshot wounds of the lung were not treated by surgical operation up to August, 1916. Duval of the French Army appeared to be the first surgeon to undertake this type of work. The mortality in the hospital of evacuation averaged 30%. This did not take into account a large number of deaths which occurred in the advance posts and in the base hospitals. In tracing from front line to rear, approximately 3,500 chest wounds, it was found that the advance dressing stations had a mortality of 25%; that the hospital for non-transportables had a mortality of 20%; the base hospital a mortality of 10%; and back of this was an unknown mortality due to late complications,—empyema, hemorrhage, etc. Thus, if you have 100 patients with chest wounds, 25 will drop out at the first-aid station; of the remaining 75, 15 will drop out at the hospital for non-transportables. Of the 60 which reach the base, 6 more will go; and of the 54 remaining, probably 4 or more will subsequently die. Of the 50, or thereabouts, who live, the morbidity is apt to be protracted. From the foregoing statistics one can readily see the imperative need of more active intervention for these unfortunate victims.

At Dijon, Colonel Yates demonstrated the operation on a dog and I had the opportunity to perform the same operation a number of times. Needless to state, these operations

were performed with the utmost care. Morphine, ether and nitrous oxide-oxygen narcosis were used and all the facilities of the laboratory and also the resources of the research department of the Red Cross were at our disposal. It was a rare opportunity which had arrived and its importance and magnitude were fully appreciated. The object we desired to attain was a reduction in the immediate and remote mortality of some of the more severely wounded, heretofore considered hopeless; in Colonel Yates' own words,—“to develop an operation for pulmonary repair that would provide immediate re-inflation and reestablishment to some degree of respiratory function, and later insure maximum pulmonary inflation and elasticity.” Yates' philosophy differed radically from that of most of the prominent operators, in that he tried to get full physiological expansion at the first operation, while all previous experimenters had proceeded upon the assumption that the lung should be put at rest by artificial means.

They had not only advocated collapse of the lung by pneumothorax but even went so far as to fill the pleural cavity with normal saline. This latter procedure overtaxed the absorptive power of the pleura and rendered it more susceptible to infection. This is readily demonstrated by the greater tendency to infection of the pleura if the effusion which invariably follows these operations is not repeatedly withdrawn. Here, too, Yates introduced a radical reform, as previous operators had advocated the non-withdrawal of this effusion.

The experimental work done at the Central Medical Laboratory, needless to say, was thorough. The anatomy of the lung, with its bronchi and bronchioles, was carefully studied, both with reference to how much excision of wounded surface was possible and how it could best be accomplished. An inexperienced operator might consider the lung fragile and incapable of much surgical interference. It is amazing to see how well the lung can be handled, with what facility it bears suturing and how beautifully the wounds heal. In many cases it was almost impossible, by inspection of the pleural surface, to detect, a few days later, where the wound had been made. Every detail relative

to healing of these parts and the absorptive power of the pleura was carefully considered and investigated before this work began to be extensively done in the advance zone.

We found that the first essential requirement in lung surgery is an absolutely air-tight closure of the chest-wall,—a closure sufficiently firm to withstand the severe strain to which it is necessarily subjected. Where it was possible to attain this, cases usually did well, even if the amount of lung damage was considerable. The closure of the entire wound through which the intra-thoracic work was done seemed to be imperative. It was through this wound that the great source of danger from infection occurred. Closure of the pleura and the chest wall went a long way toward insuring a favorable outlook for the patient. Of the two avenues for infection, the first from without, with a closed wound, was to a measure obviated. That from within, through the air-passages, with proper repair of the lung, could be forestalled to a considerable degree, unless a large bronchus was wounded. If the infection occurred from this source, its virulence was not so great and could be treated later, as the occasion became necessary, when the patient recovered from the shock, the exposure and the anxiety of the battle.

The lung, because of its rich blood supply, bears infection much better than muscle tissue. Gas bacillus infection of the lung, or pleura, is infrequent as compared with the latter, and while pneumonia usually involved the opposite lung, the damaged side (with the exception of the hemorrhagic infiltration, as a result of the trauma) did not often become inflamed. Infection of the pleura always resulted in empyema.

Histologically, the peritoneum and pleura are structurally identical. Their endothelial lining is the same. While the pleura is less yielding and not as pliable as the peritoneum it has somewhat the same protective power for the chest that the peritoneum has for the abdomen. In fact, exact coaptation of its endothelial surfaces materially aids in establishing a durable and permanent closure, thereby maintaining the normal thoracic negative pressure. This was not always possible of attainment. In many cases large holes were blown through the chest wall, so that the

defect in the parietal pleura could not be closed by the approximation of its margins. In such cases, in order to get a complete closure, the visceral pleura and lung were attached by means of sutures to the circumference of the wound in the parietal pleura in order to establish the air-tight closure which was deemed essential. Subsequently it was observed that this method of fixing the lung also acted well in maintaining the lung expansion and eliminating dead space. In many cases this method of closure was employed, even when the parietal pleura could be approximated without tension. In wounds low down, near the diaphragmo-pulmonary sulcus, the diaphragm itself, because of its exceptionally strong and yielding qualities, was used many times to stop the gap in the parietal pleura.

Injury to the chest by projectiles results in two types of wounds,—the “sucking” and the “non-sucking.” The urgency of operation as a life-saving procedure depends a great deal upon whether the wound is of the first or second variety. Sucking wounds are the more serious and produce a considerable degree of shock. It is advisable to close a sucking wound temporarily, either by packing or by skin sutures, so placed as not to induce emphysema of the chest wall, or by an appliance such as used by Bastianelli,—a rubber bag which can be inserted into the wound and inflated, not unlike the Barnes dilator used for dilating the cervix uteri, until the operation can be undertaken. It may be delayed if the patient is in shock, and often in army practice even severely wounded must wait their turn.

Extensive bone injury of ribs and scapula, because of the damage which their spicules and fragments produce by every respiratory act, demand early treatment. Fragments of ribs and scapula are very often driven into the pleural cavity, tearing and wounding the lungs. Injuries of this character are usually caused by fragments of shell casing from high explosive projectiles.

The through and through bullet wounds are usually non-sucking and produce haemothorax and pneumothorax. Unless a large blood vessel is severed, the hemorrhage is not severe nor rapid and urgency of operation is not so conspicuous. Their explora-

tion should be accomplished, because it is not infrequent that a clean wound of a rib will show at its inner aspect spicules and fragments projecting into the pleural cavity. The operative repair is simple in these cases, requiring a small rib resection and perhaps the plugging of the small perforating wound in the parietal pleura by a piece of muscle. If an intercostal vessel has been wounded its ligation is necessary. Both entrance and exit wounds should be explored. Large foreign bodies near the mediastinum and near the large vessels should be removed, as they invariably cause infection and when lying on or near the great vessels may cause aneurysms.

Wounds very often involve the chest and abdomen, the projectiles passing through the diaphragm. These cases are extremely serious and are attended with the highest mortality. A great many of these types of wounds have been encountered, but it would take too long to go into detail regarding their complications and treatment.

Fluoroscopic examination of every patient was made before operation. From this examination a great many conditions could be determined,—the presence or absence of foreign bodies, the amount of effusion, hemorrhage and pneumothorax, and also the amount of lung collapse present. Slight bone damage was rarely ever seen by this method.

A very interesting observation of the result of chest injury was the inactivity of the diaphragm of the affected side,—nature's own effort to reduce respiratory movements for protection. To still further reduce this diaphragmatic inactivity several experiments were made to prolong a period of inaction. Cocainization of the phrenic nerve, at the root of the neck or along its course in the mediastinum, would prolong the paralysis from four to five days. By immobilization of the chest for this period of time a great advantage was obtained.

Experience demonstrated the impossibility of eliminating many of the conditions enumerated by physical and fluoroscopic examination, so that, from the standpoint of the wounded individual, all wounds of the chest demanded surgical treatment.

The surgical repair of the parietal wound is not unlike that

of any other war wound. It should be debrised and the wound of entrance and exit excised. Such thorough debridement necessary in wounds of the thigh or fleshy parts of the body is unnecessary here. As mentioned before, gas bacillus infection of the thoracic wall is uncommon. Rib resection is necessary in most instances. Penetrating wounds not encountering bone are rare. Large wounds of the pleura complicate the procedure extraordinarily. When the wound is of such nature that exploration of lung and pleural cavity is necessary through extensive rib resection, the pleural incision should be carefully chosen. The ribs are removed subperiosteally and the thorax is entered through an incision along the bed of the rib through the posterior wall of the periosteum. The retraction of the pleura, because of the intercostal muscle contractions, makes its approximation very difficult and, as already indicated, its coaptation, surface to surface, is extremely desirable. Yates' method of overcoming this will be mentioned later.

Large wounds of the lung present a ghastly appearance. They are usually ragged, with an area of hemorrhagic infiltration bordering their margins to a greater or less extent. This area of hemorrhage and discoloration sometimes involves the whole lobe and isolated ecchymoses may be seen scattered over its surface. The amount of excision in such a wound comprises simply the cutting away of tags and shaggy, uneven surfaces, cleaning out and removing clots and foreign bodies. The surfaces are brought together by catgut sutures, the deeper ones being interrupted for approximation and control of hemorrhage. The surface is closed with a continuous catgut suture, so placed as to invert the torn or cut edges of the visceral pleura and make an endothelial apposition. The most difficult part of the operation after the lung repair has been done is the closure of the parietal pleura. As has already been emphasized, complete closure of this membrane is desirable. Yates, in order to obviate the retraction of the margins of the parietal pleura, utilizes a metal wire stay-suture, passed around the rib above and the rib below the resected one. With traction on this suture, the approximation of the pleural margins is materially facilitated, and it is

possible with a continuous type of mattress suture to coapt the pleural surfaces with comparative ease. The closure of the parietal pleura is also more likely to be accomplished by resecting two ribs in place of one. It is impossible, even with the metal stay-suture, to close the pleura near the sternal margins, and for this reason it is wise to keep away from the sternum as far as possible. Before the pleura is closed the lung is inflated by a positive pressure device in the gas-oxygen inhaler controlled by the anaesthetist. After the pleura has been closed, the chest wall is closed by bringing the muscles together in layers by interrupted catgut sutures. No drainage is used, but if such is necessary, an opening is made low down posteriorly, and a type of drainage instituted which does not destroy the negative pressure within the chest.

A brief resume of the entire procedure may be summarized as follows:—Nitrous oxide-oxygen was the anaesthetic of choice, preceded by a hypodermic injection of morphine. The dose of morphine was usually one-half grain, depending upon the physique of the patient and the amount of shock present. The anaesthesia apparatus was simple, consisting of two cylinders, one of nitrous oxide, the other of oxygen. There was an ether attachment, but it was rarely used. The inhaler was the usual type used for the administration of these gases, except it had a small opening which, when plugged with the anaesthetist's finger, and held air-tight against the face, produced a positive pressure and inflated the lung to the desired extent. Captain Gwathmey invented this apparatus and its simplicity brought its use into general vogue in the A. E. F. At the close of the operation the patients invariably were alert and entirely out of the anaesthetic. The position of the patient on the table is semi-prone, about the same as the position used for kidney operations, without so much extension.

In post-operative treatment, morphine was used for reducing the respiratory rate. Post-operative effusion unavoidably consequent upon thoracotomy may be met by repeated aspirations. Pressure signs or signs of infection of the effusion are indications for aspiration.

Yates' operation consists of removal, in the posterolateral aspect of the chest wall, of about four or five inches of the fourth rib and incision of the exposed periosteum and parietal pleura for its full distance. With moderate retraction it is possible to introduce one's hand into the thorax and explore the whole cavity. It is advisable to remove free blood at once by suction apparatus connected with a glass or metal tube, long enough to reach all parts of the chest, its distal end constructed to prevent large clots or pleura from plugging the intake. Then foreign bodies must be removed as far as possible from the lung and it is particularly essential to extract projectiles from the mediastinum or those in close contact with large vessels. In those cases where the lung is free and where there have been no previous adhesive pleurisy, the whole lung can be brought out through the wound in the chest wall. The lung being partially deflated, it is grasped with a Tuffier forceps and guided towards the opening in the chest wall where it may be delivered without undue traction. It is not always necessary to deliver the lung, its repair may be effected in many instances by leaving it in situ.

Lung wounds may safely be closed with less resection than similar injuries occurring to other tissues, because of the lung's exceptional resistance and reparative power. The lung repair completed, the cavity is finally cleansed preparatory to closure of the chest wall. A continuous mattress suture, bringing together intercostal muscles, periosteum and parietal pleura, is placed in position and is not drawn until after the metal stay-suture has been introduced. Before the continuous mattress suture is drawn up to bring the parietal pleura surface to surface, a signal is given the anaesthetist to administer positive pressure, inflating the lung so that it completely fills the cavity. If this step has been successful, the opening of the pleura is closed so that it is now air-tight. The muscle planes, the fascia, and skin are closed in layers. In many cases everything necessary could be done by debrising and enlarging the wound of entrance or exit, depending upon which was more adapted for the work. By removing two ribs instead of one it was usually possible to approximate the parietal pleura without the intro-

duction of the metal stay-suture. This stay-suture may act as a foreign body, may cause suppuration and must in some instances be subsequently removed.

Statistics showing mortality rates in war injuries can never be convincing. There are a great many factors over which no control is possible. Patients in mobile hospitals have to be continuously evacuated and their subsequent progress is impossible to learn. In uncomplicated chest wounds we had a mortality of 10.5%, in chest wounds involved with abdominal wounds there was a mortality of about 60%. Of 91 chest cases treated by thorocotomy there were 27 deaths.

In conclusion, it is interesting to note to what extent this experience may be applied to civil surgery. One thing has been definitely settled and that is, the elaborate means once thought essential for intra-thoracic work are unnecessary. It has been demonstrated that by using no other means than those at hand in any well-equipped hospital, it is possible and also feasible to enter the chest and operate upon the structures therein contained for the purpose of relieving morbid conditions amenable to surgery.

DISCUSSION.

DR. PATTERSON (Bridgeport): I am sorry that I did not have an opportunity to see some of the work Dr. Verdi was doing in these lung cases. He has painted the most optimistic picture of lung surgery on the other side that I have heard. We always considered these as bad cases, especially working under conditions that we did. My personal experience was at field in the evacuation hospitals and was not favorable to radical measures under the conditions in which we were obliged to work. Except during the hot days of July and August our operating tent was always very cold and the ward tents to which the patients were sent after operation were also cold. We had only ether for anaesthesia, which is not as desirable as gas-oxygen. These conditions could not be very well avoided and proper care is imperative in these lung cases. I would differ with Dr. Verdi's statement that all gun shot wounds of the chest should be operated upon. Through and through rifle and machine gun bullet wounds needed attention only in the event of marked hemorrhage or splintered ribs.

The first three cases that I saw were of this type and as we were unable to evacuate quickly in those days I saw them for over a week

afterwards and all were in good condition when evacuated. The more severely traumatized cases, those resulting from shell fragments, presented a much more difficult proposition. After a radical operation under ether anaesthesia they invariably developed pneumonia, most often on the unwounded side. I know this happened in two cases in which I removed fragments from the lung and our medical chief informed me that practically every case that he saw did the same.

I then followed out the plan of doing all I could under local anaesthesia, debrising the wound, removing loose splinters from the ribs, and closing the chest. Although some of our cases were in bad shape on entrance, under this treatment I was able to evacuate them all in very good condition. My belief was that back at a base where suitable operating facilities were at hand and gas anaesthesia was obtainable, more radical treatment could be better carried out.

Of course, we were unable to follow the after course of our patients. It will be very interesting to get the records of these cases and to know how many are permanently damaged from collapsed lungs and chronic empyema. Under favorable conditions there is no reason why the lung cannot be exposed and operated upon without fear, but I did not think it wise to do so under the conditions where I worked. It is not necessary to resect a rib. Wide exposure can be obtained by an intercostal incision and rib spreading. Until we can get the final reports on these cases we can draw few conclusions as to the value of the different methods.

DR. CARMALT (New Haven): I am old enough to have seen many changes in surgery. The first case I ever saw, in St. Luke's Hospital, was a stab wound in the stomach. The patient was vomiting blood and food, and nothing was done for him except to keep food from him and keep him quiet. Nowadays we don't think it good surgery to let such cases alone. All the abdominal surgery of the present day has come up in my time. If you had seen what I did in the early 60's during the Civil War when the only treatment of gun shot wounds there was, was to keep the bowels still with opium, you would appreciate that there has been some advance in abdominal surgery; and when Dr. Verdi shows what he has done in wounds of the chest the Connecticut State Medical Society is to be congratulated that such pioneer work has been done by one of its surgeons. Dr. Verdi's work opens a vista for thoracic surgery similar to that seen in abdominal surgery.

DR. VERDI: I would like to say a few words about a point Dr. Patterson brought up. When I first took hold of this work I felt very much as Dr. Patterson expressed himself; I was very skeptical about it. I had seen in private practice at home several cases of bullet wound in the chest that got well without anything being done. It did not, however, take me very long to be convinced that I was wrong in my skepticism, and I think that if Dr. Patterson had had more of the work he himself

would see it as I do, for I know him and know how fair-minded he is. We have worked together.

As I said before, a swiftly moving projectile, such as a machine gun bullet or rifle bullet, goes with extreme velocity and if it goes between the ribs and does not injure any intercostal vessel, it does little harm. You can not tell that with the X-ray. It is a simple thing to make an incision, explore the rib, make a resection of an inch or an inch and a half, and you know what your patient has, and do not have to guess. This is new work, entirely new work. Up to 1916 all the chest wounds were left alone,—not touched, not operated on. I am sure that this work ought to go on, for there are lots of chest conditions that ought to be treated surgically. It has not been done because every one thought he had to have a Sauerbruck chamber,—a negative pressure apparatus. That is not necessary. Put the patient in the proper position and you can go through the back, into the chest, and explore inside the chest. I hope soon to attempt some oesophageal work through the chest wall without the Sauerbruck chamber and negative pressure. We had quite a large amount of work, and the facilities that obtained in the mobile hospital were not as good as those that obtained in the evacuation hospital. We were a moving hospital; we operated in tents, and had the same cold and discomfort as in the evacuation hospitals, and yet we did the work, and many cases evacuated were in good shape when they left the hospital. Dr. Yates is trying now to correlate the cases as much as he can as they come on this side of the water.

Neuro-Circulatory-Asthenia.

DR. JOHN C. ROWLEY, Hartford.

Neuro-circulatory-asthenia is another name for that condition or group of symptoms more frequently called Effort Syndrome in the American Army, Disordered Action of the Heart in the British Army.

It is the same symptom complex that was observed and so well described by De Costa during the Civil War as Soldier's Heart. In as much as the condition is not primarily cardiac, and even though the syndrome of symptoms is more marked after effort, the name Neuro-circulatory-asthenia seems to me more suitable because it is more descriptive of the condition.

Neuro-circulatory-asthenia is essentially characterized by asthenia or extreme weakness with disturbances of the circulatory and nervous systems.

By most observers it is considered to be not a disease but a group of symptoms of unknown etiology frequently seen in recruits. The symptoms are greatly exaggerated by the strain of military life with all its accompanying nervous and mental excitement. Soldiers with Neuro-circulatory-asthenia very closely resemble cases of hyperthyroidism; some writers in fact believe the two are identical. There certainly are many borderline cases with slight enlargement of the thyroid gland which so closely resemble hyperthyroidism that the distinction between the two conditions is not clear.

While the disorder is of special interest to the Army Surgeon, it is of almost equal importance to us all in civil life, specialists as well as general practitioners, for though the condition is seen in the army in its most striking form, the histories of many of these cases show that the symptoms first appeared before or during adolescence but became greatly exaggerated after muster into the army. There also is no reason to believe that in civil life the condition is less common in women than in men.

The main symptoms and signs of Neuro-circulatory-asthenia are asthenia manifested by weakness, languor and great suscep-

tibility to fatigue; dyspnea, tachycardia, precordial pain, dizziness, cyanosis, and tremor of the hands, and excessive excitability and nervousness. The general appearance of the patient and his symptoms are so uniformly characteristic that after becoming familiar with the symptom complex one can frequently diagnose the condition at a glance. Most of the cases I saw appeared before the disability board where they were sent on account of weakness, tachycardia, dyspnea and inability to stand the hikes. Others were seen in all the various wards of the hospital.

In the medical wards they were not infrequently thought to have asthma, heart trouble or tuberculosis. A few remained in these wards because it seemed to take them forever to recuperate from acute infections. In the surgical wards they were sometimes operated upon for abdominal pain and persistent vomiting; in the orthopedic wards they were being treated for weakness and backache. In the neurological wards they were diagnosed as psychoneurosis hysteria. Until the neurologist became familiar with the syndrome, the most severe cases were seen in the neurological wards.

In all cases the asthenia was the prominent and most common symptom; the soldiers complaining most frequently of becoming easily fatigued or exhausted even after slight exertion. Some suffered more from dizziness especially after exertion. While doing "double time" or standing at attention they would often fall in their tracks. Others complained more of pain in the region of the heart. With this history a glance was almost enough to complete the picture as one was usually confronted by the characteristic, neurasthenic, excitable individual often of the enteroptotic type, with cold cyanotic hands and in many instances with slight enlargement of the thyroid gland. One grew instinctively to ask the patient to extend his hands when a distinct rather coarse tremor was evident. Examination of the pulse showed it to be rapid, 90 to 120 beats per minute, but regular. Careful questioning usually shows this group of symptoms to be remarkably complete though the patient's attention may be centered only on one or two symptoms of the group.

This rough sketch of Neuro-circulatory-asthenia will perhaps

be enough to give those of you who did not see these cases in the army, a picture of the condition which will be considered more in detail further on. Perhaps some of you will say this is nothing more than a description of our old friend, the neurasthenic. These individuals are neurasthenic, and to a certain degree the two conditions are similar, but neurasthenia alone will not account for all the symptoms we find in Neuro-circulatory-asthenia.

Lewis, and most British observers, are of the opinion that these cases of Neuro-circulatory-asthenia are of two types:

(1) The constitutional type in which are grouped those who have had the condition or symptoms in varying degree since childhood or adolescence. (2) The post infection type in which are grouped those in whom the symptoms first appeared after some acute infection such as pneumonia or trench fever.

Lewis found most of his cases in the British Army were of this latter type. In the American Army the constitutional type was much more common. In my experience, careful questioning of the patient, in whom the infection appeared to be the causative factor, would usually reveal a neurotic family or personal history or the occurrence of similar symptoms in childhood or adolescence and an inability to take part in strenuous sports such as swimming or football. There was often a history of some shortness of breath of long standing, and at times of slight precordial pain. On account of this, and inability to do any hard manual labor most of these men had been forced into work requiring little exertion.

I am unable to give you any statistics of the cases seen at Camp McClellan but I was impressed with the fact that most of the cases, at least those with the pronounced symptoms, were constitutionally inferior. A large proportion had had similar though milder symptoms in childhood and neurotic tendencies were evident in the family history. In other words the affection was of long standing, but latent. The stimulus and strain of war had made the condition evident. There were a few cases, however, whose family and previous personal history were free from any such defects, men who appeared apparently well when they

entered the army, in whom the symptoms first appeared shortly after some acute infection contracted in the military service. Such cases were, however, usually mild.

The asthenia in rare instances was so marked that the soldier was completely prostrated and compelled to remain in bed several days. The unusual fatigue or exhaustion after drill or setting-up exercises was evident to the line officers, some of whom were inclined to consider the men "yellow."

The contrast in the appearance of these men and normal soldiers, after a run of fifty yards, was striking. The normal man would appear fresh and ready for fifty yards more. The cases of Neuro-circulatory-asthenia would appear completely exhausted, their faces would be flushed, their eyes prominent, respirations and pulse very rapid, their hands trembling, and the perspiration running off them in streams. While at rest, these men were languid, they had no gumption, and it was apparently a great effort for them to do anything.

The tremor of the hands was coarser than that seen in exophthalmic goitre and if the patient became greatly excited or fatigued the tremor involved the whole hand and in some cases all of the extremities.

The disorders on the part of the nervous system arise from its extreme hypersensitiveness to stimulation. Taking the blood from the arm for Wassermann test or a severe reprimand from the commanding officer often caused the men to faint. I believe this is the reason why this condition was frequently confused with shell shock. The worried and apprehensive look on the faces of these individuals, and their increased reflexes, give evidence of the extreme sensitiveness of the nervous system, and its exaggerated response to the stimulus and excitement of military life.

Psychoneurosis and hysteria are manifestations of the emotional instability of these patients.

On the part of the circulatory system the heart first attracts our attention. The rapid beating of the heart is usually evident from the pulsating carotids, and the visible diffuse cardiac impulse. With these signs, in addition to the rapid breathing,

one is surprised not to find an organic murmur or irregularity of the beat. Should either one of these be found, greater care than usual should be observed in ruling out organic heart disease. In such cases a history of rheumatism is of great importance and if in addition to this we have definite cardiac hypertrophy, an accentuated pulmonic second sound, and the murmur is unchanged by exercise or position, the condition is, of course, organic.

Owing to the fact that the first sound in cases of Neuro-circulatory-asthenia is frequently not clear but has a rumbling or serrated character and that a thrill is felt at the apex, the diagnosis of mitral stenosis is sometimes erroneously made. Care in examination, however, reveals the fact that the thrill is systolic and not presystolic in time and the murmur has not the definite presystolic, crescendo character of mitral stenosis.

A systolic (so-called functional) murmur may occur in typical cases of Neuro-circulatory-asthenia but this is uncommon. In stating that the heart is not hypertrophied in these cases allowance is made for the increase in size of the normal soldier's heart. The pulse rate averages from 90 to 130 beats per minute in the majority of cases though the instability of the pulse seemed to me more characteristic than its rapidity. Its exaggerated response to exercise or emotional stimulus was measured by counting the number of beats before and after a stated amount of exercise. The pulse was first counted with the patient in the recumbent position. He was then made to hop 100 times on one foot and the pulse counted immediately after and again at the end of two minutes and finally at the end of four minutes. The pulse of the normal individual after such a test seldom goes much over 100 and after two minutes has fallen to practically normal again.

In the patients with Neuro-circulatory-asthenia the pulse often reaches 130 to 140 and either does not return to normal or is very slow in doing so.

In addition to the excessive acceleration of the pulse after exercise there is an unusual increase in the number of respira-

tions and a characteristic flushing of the face. The cyanosis of the hands and the cold moist palms are evident without exercise, and are due to a disordered function of the vasomotor system, which is probably the result of a disturbance of the sympathetic, or more properly speaking, the autonomic nervous system.

The variations in blood pressure are too slight and variable to be of any special consequence.

The precordial pain which is such a constant symptom is located in the front of the left side of the chest in the region of the heart. Often associated with this, in the same region, are areas of hyperesthesia of the skin. The pain is worse after exercise but may come on suddenly at night in the form of a severe paroxysm.

During the severe attacks of dizziness or vertigo, the pulse was found to be very slow and weak. This circulatory disorder is thought to be due to a disturbance of the inhibitory mechanism of the heart, probably of vagal origin.

Such attacks occurring during the summer resulted in numerous admissions to the hospital for supposed heat stroke. These cases certainly suffered severely during the hot weather though they perspired profusely.

The rapid breathing was greatly increased by exercise though it was not uncommon to find a patient breathing 50 to 60 times a minute while sitting quietly by his bed. In some cases attacks of rapid breathing associated with precordial pain would come on at night and were sometimes mistaken for attacks of asthma.

If I have succeeded in properly describing Neuro-circulatory-asthenia, its close resemblance to hyperthyroidism is evident. Both affections give rise to weakness, dyspnea, tachycardia, dizziness, excitability and tremor of the hands.

The cases of Neuro-circulatory-asthenia have no exophthalmos, and thyroid enlargement, when present, is slight, usually little more than an increase in the size of the isthmus. Metabolic studies by Peabody have shown that the basal metabolism in cases of Neuro-circulatory-asthenia is not increased as it is in hyperthyroidism. Furthermore, the tachycardia of Neuro-circula-

tory-asthenia is more transient than that of hyperthyroidism, in which it is characteristically persistent. The tremor of the hands in Neuro-circulatory-asthenia is coarser than that seen in hyperthyroidism; asthenia, listlessness, languor, often of many years' standing, dominate the picture in Neuro-circulatory-asthenia; restlessness, mental energy, loss of weight and diarrhoea are more frequent in hyperthyroidism. Precordial pain is more common in Neuro-circulatory-asthenia than in hyperthyroidism. The difference between the two conditions, however, is more one of degree than of kind and it is conceivable that Neuro-circulatory-asthenia may also be due to a disturbance in the function of the thyroid gland, a disturbance differing in character from that which calls forth the symptoms commonly accepted as due to hypersecretion.

Another possible etiological factor, perhaps the primary one, would appear to be a defective constitutional development. This is more apparent in the constitutional type of Neuro-circulatory-asthenia. As Osler has said, "There is something wrong with the blastoderm."

The only treatment for these cases is rest, physical and mental, and the mental is more essential than the physical. Bromides may be used with some benefit. In those cases in which the symptoms have followed an acute infection great care should be exercised in clearing up all possible foci of infection. In addition, a much longer period than usual should be allowed for convalescence, as these cases stand infections poorly and convalesce slowly. In the army the severe cases were discharged immediately, the milder cases were given light drill and graduated exercise. Some did not improve under this régime and were later discharged; a few were kept for domestic service as clerks, typists, orderlies, etc.

In all our treatment we must remember that we are dealing with a highly sensitive or hypersensitive nervous system and our main object should be to spare these cases from stimulation or fatigue of all kinds. We were early impressed with the fact that all cases of Neuro-circulatory-asthenia were extremely poor

operative risks and suffered severely from the shock of even minor accidents.

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DISCUSSION.

DR. STARR (Hartford): I came in contact with many of these cases through the cardio-vascular boards in the examination of recruits in the camps. They gave us a great deal of trouble. The etiology of the cases is obscure; it is almost certainly not purely of the heart. That is the reason these cases gave the board so much difficulty. The sign that attracted our attention as the men came in through the draft was tachycardia, but tachycardia is not constant in these cases. Dyspnoea is present in 100 per cent, tachycardia in 75 per cent. The heart is not enlarged, there are no accentuations, no murmur; the electro-cardiogram shows no abnormality. The treatment of the hyperthyroid cases is absolute rest; these cases grow worse if put to bed. They are never dyspnoeic during sleep. The orthodiagram shows that the heart of these individuals is usually somewhat smaller than the normal heart, and percussion bears that out. That is probably because they avoid muscular exertion and the heart is saved.

Three conditions bothered us in the rapid diagnosis; one was the normal tachycardia of excitement,—the exercise test helped greatly in these cases. An individual would come in under the excitement of the draft and the new environment; his pulse was frequently very rapid, sometimes going to 190; he was alert, interested, and very excited. The neuro-circulatory cases have a rapid pulse but are nervous, depressed and apprehensive. We usually asked them: How is your wind? The excited cases would reply: good; neuro-circulatory-asthenia cases would say their breath was short. Then we would put them through the exercise test. A normal individual, whose heart is rapid because of excitement, would be told to hop 100 times and to count the hops very carefully, and at the 100th hop to lie down. That would take his mind

off the cause of the excitement. It was very interesting to see how the pulse would slow immediately after the 100 hops, and then would again increase in rapidity, the rate being more rapid after a rest of two minutes than immediately after exercise. In the neuro-circulatory-asthenia cases the pulse rose rapidly immediately after the hops, returning very slowly to its previous rate. They also became very dyspnoeic and often were unable to complete the 100 hops. After lying down for two or three minutes the pulse was still high. Often for five or ten minutes they would be in great distress from dyspnoea. I think that the heart boards missed more of these neuro-circulatory cases than anything else.

The second condition which gave us a great deal of trouble was the differentiation between hyperthyroidism and neuro-circulatory-asthenia. They both responded to the exercises by rapid pulse, they both have tremor, but the tremor in hyperthyroidism is finer and much more regular. We found that it was better appreciated by the tactile than the visual sense. By holding the fingers against the extended fingers of the individual it is possible to appreciate very accurately the character of the tremor. Adis and Kerr in a recent article analyzed these cases in reference to goitre, and in Camp Lewis they found that the syndrome of effort was not more frequent in individuals who had enlarged thyroids than in those who did not. As Dr. Rowley said, the basal metabolism is not increased in neuro-circulatory-asthenia as in hyperthyroidism. Lewis obtained no increase of the symptoms from feeding the thyroid gland. In hyperthyroidism the individual impresses one as being unduly stimulated, in a sort of state of excitement. These cases impress you as being depressed, nervous,—on a lower plane. A striking thing about them as they come up is the cyanosis of the hands; it frequently reaches up half way to the elbow.

The differential diagnosis is important because of the treatment. The hyperthyroid cases should be put to bed, and these cases should not be put to bed. They grow worse if they remain in bed.

Another condition that caused trouble in the diagnosis of these cases (and these diagnoses had to be made very rapidly, often we would have only half a minute or even less to pick these cases as they were passed through) was the suspicion of mitral stenosis in these cases, for they frequently presented a rough or split first sound and a palpable third.

DR. TILESTON (New Haven): In the summer of 1917 I spent two months at the military hospital in London under the direction of Dr. Thomas Lewis. That was a hospital of 250 beds and I saw many of these cases for they formed about 90 per cent of the patients in the hospital. Perhaps the most striking feature on examination is the marked dyspnoea and tachycardia on exertion. Dyspnoea on exertion has long been considered one of the best indications of uncompensated heart disease, and the presence of a systolic murmur in these cases renders the resemblance more striking. The main point of distinction is the

absence of any cardiac enlargement. These cases never show enlargement of the heart as indicated by the position of the apex beat or in the X-ray picture. The transmission of the systolic murmur from the apex to the axilla is, contrary to the text-books, an unreliable sign. The accentuation of the pulmonic second sound is another sign found in all the text-books, but of very little value in the diagnosis between heart disease and neuro-circulatory-asthenia. It is true that a very marked accentuation is important, but not a moderate one. The resemblance to hyperthyroidism, as pointed out by the previous speakers, is more apparent than real. A slight enlargement of the thyroid is often encountered in any large series of cases, and has very little weight in making a diagnosis of hyperthyroidism. Of all the cases I saw in London, only one had undoubted hyperthyroidism, and I believe that this condition can be practically left out of consideration from the point of etiology. The absence of any increase of the basal metabolism is important evidence against the participation of the thyroid gland.

DR. ALEXANDER LAMBERT (New York): I saw a number of these cases but not at any one hospital for I was a wanderer from Belgium to Rome and whenever I could drop the executive work I would go back and get some clinical information. These men impressed me as being out of equilibrium. There were a few hyperthyroids,—a few, very few. Many impressed one as people in private life who had acquired the idea that they had heart disease. That in the lay mind means sudden death, and they don't desire that luxury. Major McN—— in the British Army said that almost all the autopsies made on young British soldiers showed the thyroid to be tremendously hypertrophied. That is not hyperthyroidism in my mind; it seems to be an endeavor of the gland to accept the tremendous strain so recently thrown upon it. It seems like a physiological hypertrophy. Apparently many of these men have a thyroid that does not seem able to do the work. What the curious cyanosis is, I don't know. These cases do impress one,—many of them have dry skin and dry hair,—as in lack of thyroid, but I wonder if it is the lack of thyroid or just a lack of guts. I could not tell.

DR. LOUIS FAUGERES BISHOP (New York): During the draft I acted as cardiac reference on the Long Island Boards and they sent me men about whom there had been much discussion. Many surprising things turned up. One was the large number of adult congenital hearts that exist in the community. We had numbers of grown men who had evidently had deformed hearts from their youth up and had not known anything about it. Then there were a number of those individuals that come under the classification of neuro-circulatory-asthenia. I did not have to hurry up but had plenty of time and studied them with the electrocardiograms, orthodiagrams, etc. Many of these impressed me as congenital perversions or a reversion to the infantile type. In very

early life the heart develops toward the left. You notice that the consensus of opinion is that these hearts are smaller than normal. The orthodiagrams show this. Again, I found that a large number of these people have a sinus arrhythmia. Of course, that is natural with young people, and many older people who develop neurasthenia or nervous depression have a reversion to this type of rhythm. This question is very interesting in detail. I have heard quite a number of discussions in many societies on it, and this paper is one of the best résumés I have heard, for it covered a great subject in a short time. The idea I would like to bring to you is that these people present either congenitally defective hearts or a reversion to the infantile type.

The Physiology and Experimental Treatment of Poisoning with the Lethal War Gases.

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From the viewpoint of the *military* purpose for which gases were employed in warfare they may be divided into two large groups—(a) the Lethal Gases, and (b) the Neutralizing Gases. Under the term of Lethal Gases are included all those gases used in warfare for the object of killing the enemy. The principal substances comprising this group are chlorine, phosgene (carbonyl chloride), and chlorpicrin (nitrochloroform). On the other hand, extensive use was made of a large variety of gases the main purpose being not to kill the enemy but to make him work under difficulties, in other words to neutralize his military efficiency. Hence this group of substances received the name of Neutralizing Gases and included the lachrymators (as xylol and benzyl bromide), the sneezing gases (as diphenylchlorarsine) and the vesicants (as yperite or mustard gas).

In general the neutralizing gases produce effects upon the human organism of a nature which cause discomfort rather than serious injury, although in sufficient concentration many of these substances may produce death. Grave effects by the neutralizing gases were not especially prominent in producing casualties in the field and hence the serious influences these gases are capable of inducing have not been extensively investigated.

The Lethal Gases.

Of special importance in warfare have been the lethal gases, chlorine, phosgene and chlorpicrin. These substances are alike in that each contains chlorine as an essential part of the molecule and one might assume at first glance that the physiological effects produced by phosgene and chlorpicrin are due to the action of the free chlorine or hydrochloric acid formed as a result of the

hydrolysis or other decomposition of the gases. This is an interesting hypothesis but from the pathologist's findings can hardly be true inasmuch as the lesions produced in the three cases are quite distinct and specific.

Pathology of Gas Poisoning.

Chlorine produces injury to the organism by causing immediate death of the epithelium lining the upper respiratory tract. The destruction of the epithelium permits the invasion into the bronchioles of pathogenic bacteria from the mouth resulting in a pneumonia. In animals that survive there may be a persistence of a chronic bronchitis and a bronchiolitis with scarring of the lung. Edema of the lungs, trachea and bronchi is the most striking feature of acute death from chlorine poisoning.

With phosgene poisoning edema and congestion of the lungs are prominent. Phosgene acts more especially upon the epithelium of the smaller bronchi and bronchioles whereas that of the trachea and larger bronchi is not damaged. A typical lobular or pseudo-lobar pneumonia may be present.

Chlorpicrin injures the epithelium of the entire respiratory tract but all portions of the tract are not equally affected. The trachea and largest bronchi, though irritated, suffer only transient injury. The medium-sized and small bronchi are most affected. An overwhelming edema of the lungs follows exposure to suitable concentrations of gas.

A comparative study of the pathology of the three gases shows that chlorpicrin in its action on the respiratory tract occupies a position somewhere between chlorine and phosgene.

An Interpretation of Gas Poisoning.

In the time allotted it would be impossible to describe in detail the character of the various types of work carried through in our investigation on the war gases. It will suffice to say that under carefully controlled conditions the influence of the lethal gases upon the organism of the dog has been studied both intensively and extensively. In this investigation several thousand animals were employed. As a result of this work it may be stated that

pulmonary edema is the prominent feature of the effects induced by these gases. In addition to pulmonary edema gassing has a definite influence upon the respiration, heart beat, temperature, the concentration of the blood, the water content of the lungs and other tissues, the chloride content of the blood and tissues with resulting changes in chloride excretion by way of the kidney, the number of the red and white cells of the blood, and the respiratory function of the blood leading to dyspnoea and partial asphyxia. Acidosis is present at times and there is a distinct influence upon protein metabolism. Some of these effects are of course dependent upon the development of pulmonary edema but others are not so readily explained in this way. It should be stated that so far as can be determined by experimental methods the lethal gases act specifically upon the respiratory tract which action results in edema. Little or none of the gas is absorbed. Hence whatever influence is exerted upon the organism by these gases must be explained by an interpretation of the effects induced in the respiratory tract.

The effects of gassing as enumerated above are so various that an attempt at correlation or the assignment of cause and effect seems at first glance well nigh impossible. Further study of the problem, however, brings to light one significant feature which stands out clear and distinct from all the other effects induced by exposure to gas. This is the well-defined curve of changes in blood concentration. Upon the basis of alterations in blood concentration quite definite stages in gas poisoning may be outlined. These stages stand out most clearly with phosgene and therefore the picture presented by this gas will be considered first.

Stages in Phosgene Poisoning.

First Stage. In the first few hours (5-8) after phosgene poisoning there is a notable decrease in the concentration of the blood.

Second Stage. The period of blood dilution is followed by an interval during which the blood rapidly becomes concentrated to a point far above the normal value and remains near this level for several hours.

Third Stage. After the period of increased concentration the blood gradually becomes more dilute until it is slightly under the normal value, which is eventually gained, and the animal recovers.

The interpretation which may be placed upon the different stages of phosgene poisoning is as follows: In the first stage there is marked dilution of the blood. There are at least two ways in which this dilution may be explained. In the first place it may mean an increased blood *volume*, the excess fluid finding its way into the blood from the tissues in response to the strong irritation stimulus exerted by the gas upon the respiratory tract. Or secondly, a diluted blood would result if the red cells were removed in part and deposited in some organ or tissue. In the present investigation no studies have been made to determine actual changes in blood volume. Reports by Eyster and Meek, however, who have made such estimations, tend to the conclusion that in the stage of phosgene poisoning under discussion blood volume is not increased, and they account for the dilution of the blood on the hypothesis that red cells are stored in the lungs, at least temporarily. Whichever explanation is correct it is certain that during this first stage two features may be quite prominent, namely, edema of the lungs and dilatation of the heart. Edema can be explained very readily on the hypothesis of increased blood volume and it is also possible that such a condition might lead to a dilated heart. On the other hand, the deposition of corpuscles in the lungs, by causing an obstruction in the circulation, would lead to a dilated heart. The relatively large transport of fluid to the lungs during this period is, however, not so easily explained by this hypothesis. Whichever hypothesis is accepted, edema of the lungs prevails and there may be a dilated right heart.

In the second period edema has reached its maximum development and here also blood concentration is at its height. The latter state is undoubtedly induced by the withdrawal of fluid which finds its way into the lungs. During the interval of blood concentration the blood volume is definitely decreased and the heart may be noticeably diminished in size (Eyster). This would

presumably result in a decreased efficiency of this organ and lead to an inadequate circulation. Later when the blood resumes its normal degree of circulation, normal heart action is reestablished.

The development of edema induces a mobilization of chlorides in the lungs at the expense of the chlorides of the blood, the lowered chloride content of which may be explained in part by loss of chlorides through the kidneys, since at this period the output of chlorides in the urine is appreciably augmented. Later, during the second stage, the chlorides of the lungs reach a maximum, the blood content is not called upon and therefore an approximately normal blood chloride content may be found which is maintained thereafter. This chloride retention by the lungs coincides with the fact that on the second day of phosgene poisoning the urinary excretion of chlorides is usually below normal. The period of readjustment now follows, during which edema subsides in the lungs, and presumably both fluid and chlorides are demobilized by the lungs and find their way into the blood. The excess of chlorides over the normal in the blood is eliminated through the kidneys, which would account for the large output on the third day after gassing.

The changes in oxygen capacity, erythrocytes and hemoglobin follow the curve of alterations in blood concentration throughout the entire course of phosgene poisoning which might well be anticipated. Oxygen content of arterial blood in general shows relatively unimportant changes, whereas that of venous blood progressively diminishes throughout the first and second periods of phosgene poisoning. This may be explained in the first period by the fact of diluted blood and in the second period is undoubtedly caused by the longer contact of the blood with the tissues induced by an inefficient circulation.

The respiratory changes are correlated with the impaired respiratory functions of the blood, such as lowered oxygen content and incomplete saturation of the hemoglobin with oxygen.

In the first stage decreased heart rate may be explained best perhaps on the hypothesis of nervous inhibition. The later rapid pulse is directly induced by the viscous character of the blood which causes oxygen want. Although specific data are lacking,

it appears quite evident that there is a distinct fall of blood pressure. One may assume a direct relationship between the heart's efficiency and temperature. Thus, in the first part of the first stage the heart action is slow, there is inefficient circulation, and the temperature falls. Later the greatly accelerated pulse is accompanied by a rise in temperature far above the normal. From this it would appear possible that the heart has temporarily overcompensated, resulting in an efficiency of the circulation above the normal.

Now follows the stage of concentration of the blood. This concentrated blood is, without doubt, more difficult to circulate through the body and if the heart is only doing its normal work there will be, as a result of the thickened blood, a circulation of less than normal efficiency and such a condition apparently results in a falling temperature. In case the heart responds with a much higher rate during the period of concentration, so that even with the thickened blood it appears that a circulation of close to normal efficiency is being maintained, it will be found that the temperature is also well maintained.

In the animals which are less seriously affected and in which only a slight edema of the lungs develops, with a consequent slight loss of fluid from the blood, it will be found that the temperature is well maintained, provided the heart rate is normal. However, even in such cases, the continuous, even though slight, loss of fluid from the blood will eventually result in a concentration of the blood which will bring the circulation below normal efficiency, even with a high pulse rate, and the temperature will slowly drop until at about the twenty-fourth hour it is about one degree centigrade below the normal. On the other hand, in the animals which are seriously affected, the blood concentrates very rapidly. The heart, even though the rate is maintained far above normal, is nevertheless not able apparently to maintain a circulation of normal efficiency, the temperature drops very rapidly and the animal dies within less than twenty-four hours after gassing.

In brief, then, it seems plausible that the temperature is directly related to the efficiency of the circulation and this in turn is

determined, in part at least, by the concentration of the blood and the pulse rate.

This view seems to be further strengthened by the results obtained from a study of animals gassed with chlorine and chlorpicrin. In both of these cases there is, in general, a state of concentration of the blood beginning immediately after gassing. Only in rare instances does dilution of the blood occur and then it is only for a short time. From the first, then, in animals poisoned with these last named gases, there obtains a condition in which the blood is above normal in concentration, and in correspondence with this the temperature remains below normal and the more seriously the animal is affected and the greater the concentration of the blood, the greater will be the fall in temperature.

Phosgene poisoning has been considered in detail since it is unique in showing among its effects the initial stage of dilution of the blood. At times chlorpicrin presents a similar stage but this interval is never so pronounced either in degree or length as obtains in phosgene poisoning. Usually a preliminary dilution period is lacking. It is this period that undoubtedly gives to phosgene the distinction of possessing a so-called "delayed action." Chlorine gas rarely if ever causes a period of blood dilution. In general, if one should consider the changes in blood concentration outlined for phosgene, minus the initial dilution period, the remaining curve would represent fairly accurately the alterations occurring in the blood in both chlorine and chlorpicrin poisoning. This would, of course, entail differences in *time* relationships, but under the conditions noted, the changes in blood concentration of chlorine and chlorpicrin would be accompanied by the same general type of effects which is obtained with phosgene. Under these circumstances it appears superfluous to recite further the correlation of the effects of chlorine and chlorpicrin poisoning.

The Cause of Death in Gas Poisoning.

It is generally assumed that edema of the lungs in gas poisoning is the direct cause of death. Pulmonary edema and changes

in blood concentration are intimately associated in gas poisoning, the edema being the cause of the concentrated blood. There is insufficient time for adequate discussion of this subject, but in this investigation it has been accepted that the concentration of the blood is the direct cause of death. The whole aim of treatment in gas poisoning has been to prevent blood concentration or else to restore it to a level more nearly normal. When this is accomplished the individual survives in spite of the fact that the lungs may be very edematous.

The Treatment of Phosgene Poisoning.

From the foregoing considerations it is quite apparent that changes in blood concentration constitute the most important and significant action of phosgene upon the animal organisms. It is therefore quite logical that in any endeavor toward alleviation of the effects of phosgene poisoning efforts should be directed toward the restoration of the blood to a concentration more nearly approximately the normal.

It must also be evident that for the successful accomplishment of such a purpose there should be some criterion, or criteria, which shall indicate *time* of treatment and if possible *type* of treatment. Such criteria are to be found in changes in temperature and in hemoglobin estimations. Both are very simple procedures and best results are obtained when they are employed in conjunction. There are conditions, however, especially in the field where hemoglobin estimations may be impracticable. Under these circumstances treatment may be successfully applied in accordance with the temperature changes alone. It should be stated that hemoglobin determination is selected inasmuch as it may be substituted for the more arduous total solid estimation. Changes in hemoglobin and total solids in gassed dogs follow similar, if not exactly, parallel courses and hemoglobin estimation is a much more sensitive test for changes in blood concentration than is total solid determinations.

In accord with these principles an outline of the treatment evolved in this investigation is as follows:

Treatment of First Stage. Approximately one hour after gassing blood is drawn from a vein to the extent of one per cent of the body weight. Bleeding at any time up to four hours after gassing is beneficial but the best results are obtained when the withdrawal of blood is practiced about an hour after gassing.

Treatment of Second Stage. In the first stage blood concentration may exhibit one of two features after bleeding. (a) The blood becomes markedly dilute and *slowly* returns to normal concentration. (b) There is no significant dilution of the blood. The latter is an exceptional condition. The time of further treatment will therefore depend upon which of these two conditions obtains. When the blood becomes markedly dilute and then *slowly* returns to the normal infusion of 0.97 per cent sodium chloride solution equal in amount to the blood withdrawn should be practiced when the blood concentration regains the normal level. This usually takes from 8-10 hours. On the other hand, when even after bleeding the concentration of the blood is not definitely decreased infusion of salt solution should be delayed until there is a clear indication that the blood is becoming concentrated. This usually occurs from 6-8 hours after gassing. *In any case the infusion should not be delayed beyond the point where the blood has reached a concentration of more than 25 per cent above normal.*

After the infusion of the salt solution the concentration of the blood is followed at one-hour intervals by determination of hemoglobin in order to ascertain whether subsequent salt infusion is indicated. In general after the first infusion the blood may begin to concentrate again within one hour and when this concentration continues it may be desirable to infuse subsequently, but judgment must be exercised in order to strike a proper mean between insufficient and excessive infusion. Insufficient infusion leaves the blood concentrated. Excessive infusion augments edema. So long as the concentration of the blood remains constant, infusion is unnecessary, and when the concentration diminishes the individual is on the road to recovery.

Treatment of Third Stage. Usually rest and warmth are all

that are necessary in this stage, but if the blood should become greatly diluted again and remain so a further bleeding may be necessary. This condition, however, rarely occurs.

The principles of treatment are therefore very simple—venesection when the blood is diluting and infusion of salt solution during the initial period of blood concentration. Venesection tends to diminish the degree and extent of dilution. Infusion of salt solution tends to keep the blood concentration at a level where it is possible to maintain an approximately efficient circulation; in other words, blood concentration is kept at a level where an animal may survive. *Infusion actually accomplishes this and when properly practiced does not augment pulmonary edema.*

The treatment as given must be considered as a mere outline of the principles followed rather than as a recital of the detailed procedure. Experience with the method soon showed that *intensive* treatment in the first stage of phosgene poisoning, that is, in the period of dilution, will, in the majority of cases, prevent extreme concentration of the blood characteristic of the second stage. In other words, the second stage is very greatly modified by proper treatment of the first stage. During the first stage water should not be given.

Proper treatment of the first stage consists in venesection to the extent of 0.5 per cent body weight as soon after gassing as practicable. The temperature and hemoglobin are then followed at one-half-hour intervals. So long as the temperature remains normal and blood concentration does not diminish, further treatment is not indicated. When, however, the temperature rises rapidly and a fall in blood concentration occurs (the two changes take place simultaneously) a second venesection of 0.5 per cent body weight is practiced. This procedure may be repeated a second time, that is, until blood to the extent of 1.5 per cent of the body weight has been withdrawn. The large majority of cases need no further treatment and practically every animal survives.

If in spite of intensive treatment in the first stage the blood becomes markedly concentrated and a marked fall in tempera-

ture takes place, the condition of the animal must be considered as very serious and if left untreated will surely die. At this point, of course, infusion of salt solution is indicated.

The essential feature in the stage of blood concentration is to diminish if possible the degree of concentration and we have found by experience that it matters little how this is attained. Thus this purpose may be accomplished by infusion of salt solution, by oral administration of water or even by intraperitoneal injection of salt solution. Probably one-half the animals in a serious condition in this stage of blood concentration may be saved by following either procedure. The fact that fluid by mouth or peritoneal cavity acts with about the same efficiency as direct infusion into the circulation increases the practicality of the method when applied to men under field conditions where in many instances infusion into a vein would be out of the question.

The efficiency of the method of treatment may be realized from the following figures. When dogs are gassed at concentration of 80-90 parts phosgene per million of air for one-half hour and given no treatment, 21 per cent recover. Under the same conditions treatment as outlined enables 63 per cent of animals to recover. Presenting it differently, treatment increases the recoveries three-fold.

With respect to the treatment of chlorine and chlorpicrin poisoning the principles enunciated for phosgene hold true. While the principles are the same there is a difference in the *time of application*, for in general in chlorine and chlorpicrin poisoning the initial stage of dilution is lacking. With phosgene *early* bleeding and *delayed* infusion are advocated, with chlorine and chlorpicrin *early* bleeding and *early* infusion are imperative. Moreover in chlorine poisoning there is evidence of a significant acidosis, hence, administration of sodium bicarbonate by mouth is advocated, in addition to the treatment outlined for phosgene.

When dogs are gassed with chlorine at a concentration of 800-900 parts per million for one-half hour and given no treatment, 9 per cent of animals recover. Under the same conditions with treatment as outlined 30 per cent of dogs recover.

When dogs are gassed with chlorpicrin at a concentration of 110-130 parts per million of air for one-half hour and given no treatment, 43 per cent of animals recover. With treatment 80 per cent recover.

Various other types of infusion fluids such as other salt solutions, dextrose solutions, acacia solutions, etc., have been tested in an endeavor to obtain a blood diluent which would remain in the circulation for a considerable period. An extended experience has shown that none of these solutions answered our purpose so well as simple isotonic sodium chloride solution.

The results of the treatment as given justify the conclusion that the factor in gas poisoning exerting the greatest detrimental influence is the alteration in blood concentration and further that if blood concentration can be controlled a gassed individual has very fair chances of recovery from the effects of the gas.

Oxygen in the Treatment of Gas Poisoning.

Since edema and a highly concentrated blood lead to a deficiency of oxygen in the blood and tissues, the problem of the relation of oxygen administration to the treatment of gas poisoning is presented. It will suffice here to state that oxygen treatment alone in gas poisoning does not save life. This follows from the fact that oxygen administration does not change the concentration of the blood which is the direct cause of death. When, however, the concentration of the blood is restored to a more nearly normal condition, the addition of oxygen administration to the treatment is of obvious benefit since under these circumstances the respiratory functions of the blood regain the normal.

In presenting this paper at this meeting I have been actuated by two considerations, namely, to give you a brief outline of the physiology and treatment of poisoning by the lethal war gases and, secondly, to point out the possibility that in other pathological states where edema is present there may be changes in blood concentration which play a significant rôle. The recognition of such alterations would obviously modify present methods of treatment in such instances. It is hoped that in the

future the opportunity may be presented so that an extensive study may be made with this idea in view.

DISCUSSION

DR. BLUMER (New Haven): Of course the question that always arises in connection with an experimental paper is whether the facts elicited by animal experimentation can be applied to human beings. It can, of course, be said that from the very beginning of animal experiments this has always been the case; nevertheless, from the point of view of practical physicians dealing with human beings, a paper of this sort is always stimulating and suggestive because it puts into our minds possibilities of newer lines of investigation and treatment in connection with certain diseases with which we are brought into daily contact. We know that there are in human beings certain conditions quite apart from the results of gassing in human beings, particularly certain pulmonary conditions, in which the situation is quite comparable to that brought about in the lower animals by these lethal gases. We know, for example, that we can take our cases of pulmonary oedema and divide them into two groups, one in which the mechanical is the predominating factor as in cases of mitral stenosis, etc. Then, in addition to these cases,—and I leave out of consideration the terminal pulmonary oedema, which is beyond the help of any one,—we have a large number of cases of pulmonary oedema associated with infectious agents. We could not have had a better demonstration of this than we have had in the fall and winter in connection with the influenza. It is interesting to note that Winternitz has pointed out that there is a striking similarity between the lesions of gassing and influenza. Apparently the toxin associated with influenza produces very much the same effects as these gases; it produces a very destructive process, involving the mucous membrane of the upper respiratory tract, and the pneumonia which follows is a secondary infection. Those of you who have seen cases of influenza, particularly cases of influenzal pneumonia, must have been struck with the enormous oedema characteristic of many of these cases. Many of these persons gave the impression that aside from the toxæmia they were almost drowning in their own juices.

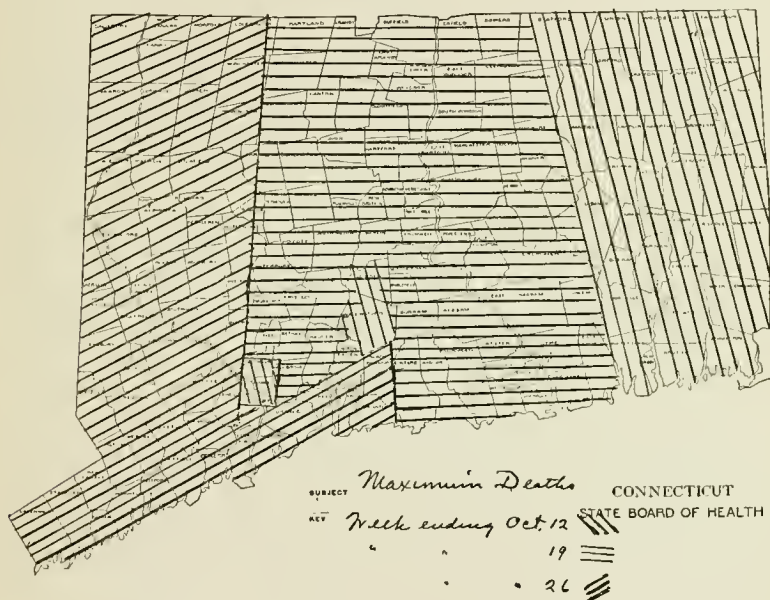
We have been accustomed to treat our pneumonia cases from whatever cause, of whatever nature, along quite different lines from those suggested by these experiments. The great attack upon pneumonia that has been made in recent years has been along immunological lines. We have recognized from the beginning that the toxæmia was the important factor in pneumonia, and we have tried to attack that from the point of immunization by the use of anti-serum; and that form of treatment has been partly successful. We have not, however, taken the trouble up to the present time,—probably because it has not occurred to us,—to delve very deeply into the mechanism underlying the toxæmia,—the changes in

physiology brought about by the toxæmia, and this paper is most suggestive in pointing out a line of research for us to undertake and also in pointing out methods of keeping track of what is going on in the body, particularly in investigating through the haemoglobin estimation the concentration of the blood. Bleeding in pneumonia is nothing new; we all know that; we have all done it in certain types of cases for many years. There is nothing new in transfusion in pneumonia. Bleeding and transfusion have both been done empirically, however. The value of this paper lies in pointing out that we may expect to find in cases of human pneumonia with extensive oedema of the lungs definite changes in the concentration of the blood. These observations have pointed out the way to make our bleeding or transfusion rational rather than empirical. This paper has shown that oedema of the lungs may occur as the result of different toxins, and that the changes in the blood producing the oedema do not always occur at the same period. It is possible that when we come to investigate cases of pneumonia with oedema of the lung, that we can type these cases as regards periods of blood concentration as we type them now for pneumococci; and when we discover when concentration and dilution of blood occur, we have a key to rational treatment by bleeding at one time and by transfusion at another time.

The Influenza Epidemic in Connecticut.

DR. JAMES FREDERICK ROGERS, New Haven.

There was evidence of the prevalence in this state last summer of influenza in a highly contagious form though without serious sequelae, but the present study is confined to the violent outbreak which arose in September and extended into November.



To get an idea of what happened during this period I plotted curves representing by weeks, the rise and fall of the death rates from influenza and pneumonia, in the cities and towns of Connecticut. The mortality pictures so obtained show a beginning and a culmination of the epidemic in different weeks according to the longitude of the place. As a rule, the epidemic began and reached its height first in the eastern portion of the state and swept westward, the time of passage occupying about three weeks (see map).

There were two sections in the west, including Meriden and Wallingford, Derby and Ansonia, which showed a rise and peak almost coincident with that of the eastern third of the state. In these places the death rate was extremely high, and one would suspect that the material worked upon by the virus was especially susceptible or that conditions for spread were exceptionally favorable. Since Waterbury had an equally high death rate and Winchester nearly as high, the cities which had the earlier rise in deaths may have received the virus more direct from the east—possibly from New London.

A comparison of death rates for cities of eight thousand and more shows that the rate was about as high in one section of the state as in another. Neither the average temperature nor range of temperature seemed to have any relation to the death rate.

A striking feature of all the curves representing the death rate is the similarity of their time limit, the epidemic—no matter what the death rate—running its course in about eight weeks. After the fuel for the influenza blaze once took fire, it lasted,—whether especially inflammable or not, for only a certain definite period.

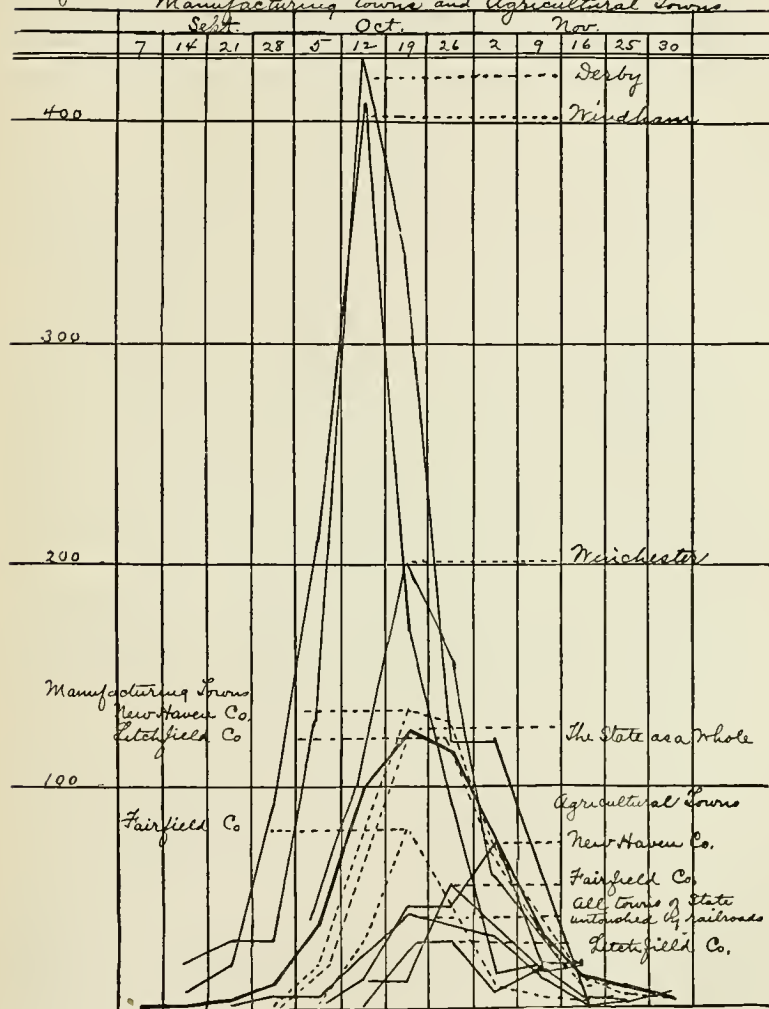
There is a striking dissimilarity as to the height of the curves (and therefore of the total death rate for the eight weeks) in manufacturing, mixed manufacturing and agricultural, and strictly rural communities,—the first having the highest and the last the lowest death rate, the mixed population falling between. (Fig. 1.)

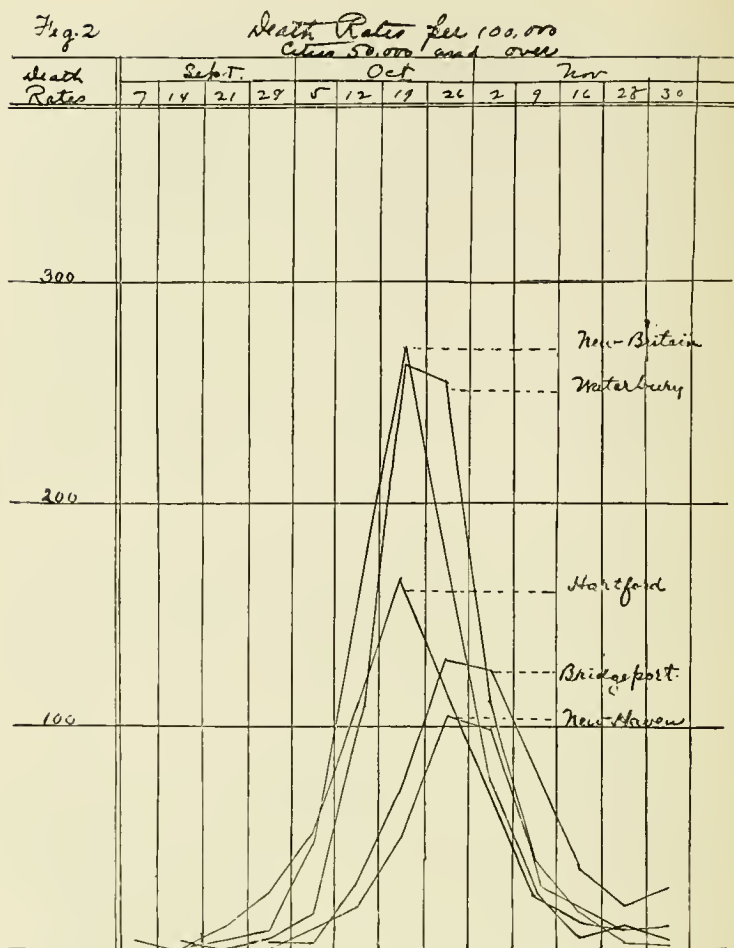
All towns untouched by railroads, taken together, showed a very low death rate. (Fig. 1.)

When the curves for different localities are compared, there is seen to be an enormous difference in death rates—New Britain and Waterbury having double the rate of New Haven, and Middletown more than double that of Torrington. Winchester, in the same county with, and of much the same size and nature of population as Torrington, had double the death rate of the latter, and a group of agricultural towns of the same

Fig. 1.

Death Rates per 100,000 Connecticut Cities,
Manufacturing towns and Agricultural Towns



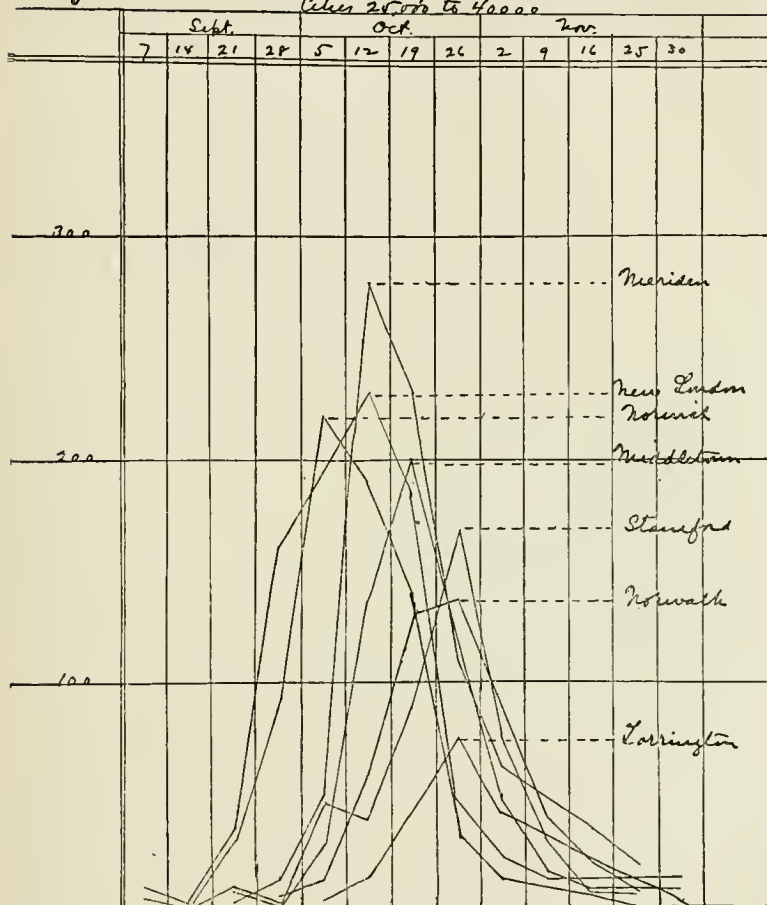


county had nearly double the Torrington rate. Derby, a close neighbor of Bridgeport, had more than double the rate of the latter city. (Figs. 1-4.)

In many cases these differences are to be accounted for in large part by local conditions of housing, transportation and of occupation, which it would be impossible to fully study—in a word, to crowding—which increases contact and diminishes

Fig. 3.

Death Rate per 100,000
 Cities 25,000 to 400,000



resistance. But these conditions do not account for all the differences. One thinks at once of the nationality of the population as affecting the local death rate. The comparison of these rates with the proportion of foreign and native born citizens *does* show—that, at the extremes, that is, in the communities having the highest and lowest percentage of the native born, the death rate rises or falls accordingly. High percentage of

Fig. 4

Deaths Rates per 100,000

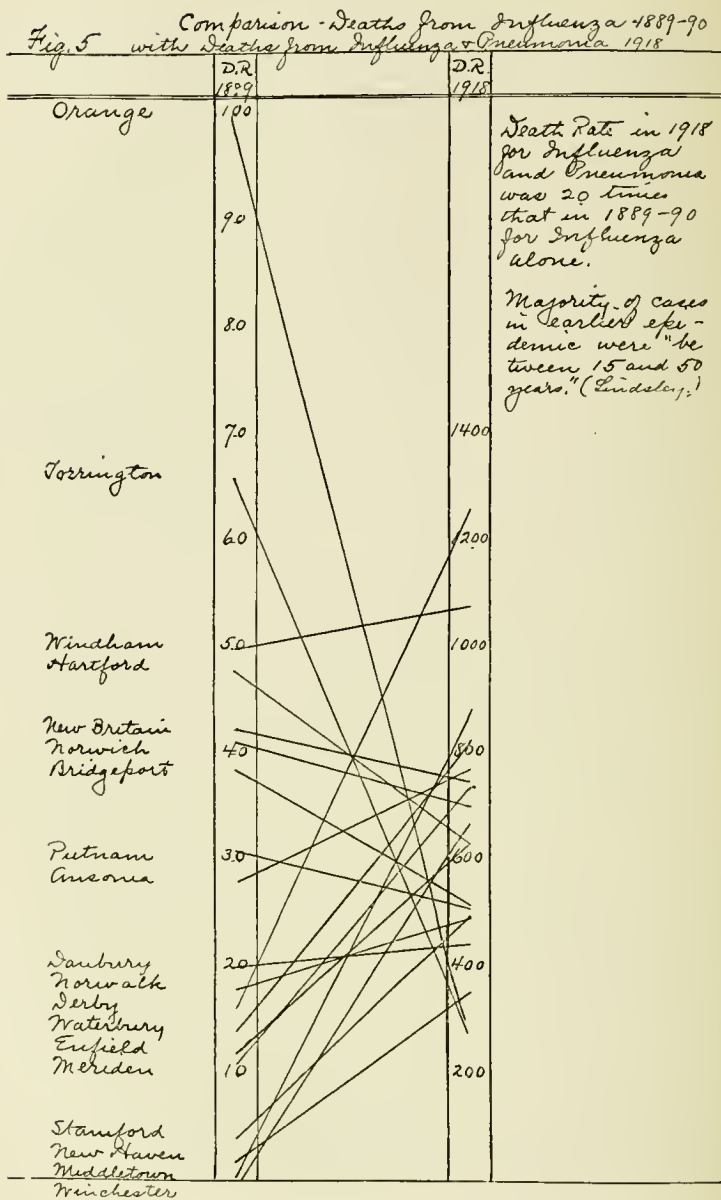
| Cities over 15,000 | | Cities under 15,000 & Towns |
|-----------------------|------|---------------------------------|
| | | Derby (1280) |
| | 1200 | |
| | | |
| | 1100 | |
| | | Windham (Mellumantic) (1065) |
| | 1000 | Seymour (1010) |
| | | |
| | 900 | |
| Naugatuck (880) | | |
| New London (840) | | |
| Waterbury (808) | | |
| Ansonia (790) | 800 | Vernon & Mansfield (818) |
| Muriden (780) | | |
| New Britain (780) | | |
| Norwich (730) | 700 | Vernon (700) |
| Middletown (680) | | |
| Hartford (630) | | |
| Bristol (610) | 600 | Winchester (610) |
| | | |
| Greenwich (544) | | |
| Bridgford (527) | | <u>Connecticut</u> |
| Norwalk (514) | 500 | Putnam (518) |
| Stamford (460) | | |
| Danbury (457) | | |
| | | Enfield (440) |
| Wallingford (400) | 400 | |
| | | |
| New Haven (350) | | |
| Manchester (327) | 300 | Orange (321) |
| Torrington (275) | | |
| | | |
| | 200 | Stratford (238) |
| Towns untouched (203) | | |
| by railroads. | | |
| (Combined population | 100 | |
| 32,174) | | |

American born means less crowding and better sanitary conditions generally. Between these extremes, however, the percentages seem to have no connection with the wide fluctuations of death rates. Nor does the percentage of Irish, Italians or Russians help in the least to make clear the differences.

Since the differing death rates could not be accounted for by known meteorological, racial, social or industrial conditions, it occurred to me that immunity, following previous epidemics, might help to explain the matter. A comparison of the death rates from influenza in the epidemic of 1889 and 1890 with those of the more recent outbreak is striking, the communities which had a high rate before, showing a low rate in the recent epidemic, and those with a low rate in 1889, having a high rate last year. There are two or three exceptions but the places are small and with an unusually shifting population. (Fig. 5.)

In the studies made of the epidemic of 1889-90 it was noted that only about 40% of those exposed took the disease, and it seems, since this disease recurs so frequently, that the immunity possessed by the remaining sixty per cent must have been largely acquired. It is a considerable interval between 1890 and 1918, but since in the older epidemic, all ages were attacked (and especially those between 15 and 50), a community which suffered especially in the former epidemic would have, in 1918, a population over 30,—and especially over 35, partially immune.

On studying the diagram of comparative death rates in the two epidemics, another feature stands out, and that is a difference in death rates which remains, even after the effect of immunity is taken into account. In both epidemics Norwich had a lower death rate than New Britain, Bridgeport than Norwich, Danbury than Bridgeport, etc. On comparing the average of death rates from pneumonia, bronchitis and other non-tubercular respiratory diseases for three years, 1900, 1910 and 1915, with the death rates from influenza, I found that there was a distinct relation between the two. The rates from pneumonia only, from 1887 to the present time were averaged, and though a comparison of these averages with the death rates from influenza in 1918 is not quite so striking there seems to be a relation, that is, a community having a high *average* death rate from pneumonia,



had a high death rate from influenza last year, and one having a low average pneumonia rate had a low influenza rate. The relation is not so striking in this comparison as where the average for the three recent years was used for the reason that the death rate has been rising in some cities and falling in others and the average, for so many years, does not indicate the present local death rate.

If there is such a local relation between average pneumonia and epidemic influenza and its attendant pneumonia, it ought to be more evident in the greater cities of the country at large. A comparison of the death rates from influenza and pneumonia in the recent epidemic for forty-five large cities, with the average rate for pneumonia for the past sixteen years, shows an undeniable relation. Here again the pneumonia rate is rising in some cities and falling in others throughout these sixteen years and the influenza rate coincides more nearly with the more recent rates. Had it not been for war conditions, especially in Connecticut, this relation would doubtless have been more close. This comparison causes one to wonder what the actual relationship is between these diseases, or whether in most cases they have not one and the same source of origin. We must conclude that the preliminary rise of pneumonia last September before the presence of epidemic influenza was recognized, was certainly due to the same cause as the cases of pneumonia afterwards attributed to influenza. We also know that in the past thirty years the fluctuations of death rates from what was diagnosed as influenza, have been accompanied by corresponding fluctuations in the pneumonia rate, though, evidently, few of these cases of pneumonia were recognized as influenzal. It is clear that we have not been able to distinguish one from the other. The question arises also whether a common cold (since its cause is unknown) is or is not of the same nature as influenza. We have been in the habit of smiling at the physician who calls most of the acute respiratory affections the grippe, but perhaps he is not always so far wrong as we think.

We can at least conclude that, if influenza is something distinct from every-day pneumonia, pneumonia is equally communicable.

The differences in the average pneumonia rate in the cities of Connecticut and in the cities of the country at large can hardly

be attributed to anything but general sanitary conditions in homes, factories, and places of public congregation. In other words, the average pneumonia rate represents the health index (nature of population included) of the place.

The epidemic wave passed from the state in November. In December the death rates were high for those places where it had previously been low and low where it had been high. The non-immunes who had escaped because of slightly better sanitary conditions during the first great wave of infection were more numerous in New Haven than in Waterbury and in Stamford than in Norwich. This December rate does not, however, equalize the *total* death rate from the disease in the different cities.

In the two years following the epidemic of 1889-90 the deaths from influenza and pneumonia were, in most localities, double what they were during the years of epidemic. Especially were these rates high in those places which had a comparatively low epidemic rate. The disease lingered in less spectacular and more insidious form among dangerous carriers. The same condition is to be expected this year and next. We can only hope that it will not occur, or that some effective preventive inoculation against pneumonia may be discovered.

I have made no study of the results of efforts for the control of the epidemic in various places in Connecticut,—the closing of schools and churches, the so-called ventilation of street cars, etc.,—but, viewed in the light of the general statistics, these methods produced no appreciable effect upon the local death rate. The community which congratulates itself on its low rate would best study its average pneumonia rate (of which it may have reason to rejoice) and also investigate its influenza rate in the former epidemic.

In reading recently the delightful autobiography of Benvenuto Cellini, the Italian sculptor and jeweler of the sixteenth century, I came upon the following incident, which might not at any other time have held the attention. It reads: "The Duke of Florence went upon a journey with all his Court and with all his children. . . They went by the marshes of Siena; and by that route they went to Pisa. The Cardinal (Giovanna, Arch-

bishop of Pisa) first of all the others, imbibed the poison of that bad air; so that after a few days a pestilential fever attacked him and in a short time slew him." A note says that within a few days two brothers of the cardinal and the Grand Duchess Eleanora also died—some said with suspicion of poisoning. The duke, however, in writing to his son in Spain, said that there was prevalent at the period a disastrous epidemic, to which many persons of all classes succumbed, and he styled it the *influenza*.

The average man of the twentieth century lives, or *can* live, in a more sanitary manner than did an archbishop or a grand duchess of the sixteenth, and we can well believe that mortalities from this disease are decidedly less than they once were. Also it is some satisfaction that the exciting cause of influenza is known to be something more specific than an "imbibed poison" or mere "bad air."

[The above paper was read at the Meeting of the New Haven County Society. On account of its general interest it was voted by the Council to include it in the publications of the State Society. The study was made in the Yale Laboratory of Public Health and the author is indebted for assistance to Prof. C.-E. A. Winslow. He also would acknowledge the kindness of Mr. James P. Balfe, Director Bureau of Vital Statistics of the State Department of Health.]

A LIST OF MEDICAL SERIALS
IN THE LIBRARIES OF
CONNECTICUT.

A LIST OF MEDICAL SERIALS IN THE LIBRARIES OF CONNECTICUT

This is an enlargement of *A List of Medical Serials in the Yale University Library*, published in 1912. It is, however, no longer limited to the serials to be found at Yale, but includes those taken by all the libraries, hospitals, and medical associations of the state.

The original list was published for the Yale Library by the *Yale Medical Journal*. It was begun by Mr. James A. De Lacey, then an assistant in the Library, and was revised and completed by Miss Sara Gardner Hyde, the senior cataloguer, who died in 1918. The present list is edited by Miss Margaret Brinton, the Medical Librarian at Yale, assisted by Miss Amanda Brugger of the same staff.

The University thanks the twelve Connecticut libraries that made this union list possible, and thanks the Connecticut Medical Association for printing it.

ANDREW KEOGH

May 22, 1919.

EDITOR'S NOTE

Periodicals are entered under the first word, not an article, of the latest title, with cross references from the earlier titles.

Publications of societies, except those having a distinctive title, are entered under the latest official name of the society, with cross references from the earlier names when such exist.

Medical and surgical reports of hospitals are entered under the name of the city where the hospital is located with one or two exceptions (*i.e.* Johns Hopkins hospital bulletin).

Bulletins of state and city health bureaus are entered under the state or city to which they belong.

The place of publication has been given in all cases except those in which it is evident from the title itself, and those in which it changes frequently.

ABBREVIATIONS

+ signifies that a set is complete from the preceding date or volume, and is currently received.

|| signifies that publication ceased at the date given.

[] signifies that the volumes or dates so inclosed are incomplete.

n.s., 1.s., 2.s., etc. signify new series, 1st series, 2d series. etc.

The names of the contributing libraries are abbreviated as follows:

| | |
|--------|---|
| A.E.S. | Agricultural Experiment Station, New Haven. |
| B.H. | William W. Backus Hospital, Norwich. |
| H.H. | Hartford Hospital. |
| H.M. | Hartford Medical Society. |
| H.R. | Hartford Retreat. |
| N.B.H. | New Britain General Hospital. |
| N.H.M. | New Haven Medical Association. |
| S.H. | State Hospital, Middletown. |
| S.L. | State Library, Hartford. |
| W.P.L. | Silas Bronson Library, Waterbury. |
| W.U. | Wesleyan University Library, Middletown. |
| Y. | Yale University Library. |
| Y.B. | Yale University. Brady Laboratory. |

MEDICAL SERIALS IN CONNECTICUT

- 1 **Aberdeen.** University. Anatomical and anthropological society.
Proceedings. 1904/06-1906/08. Y.
 - 2 **Abstracts of bacteriology.** Baltimore.
1, 1917+ H.M. Y. Y.B.
 - 3 **Academia de ciencias médicas físicas y naturales de la Habana.**
Anales.
7-9, 14-16, [17-19] 20-22, [23] 24-27, [28] 29-43, [44] 45-47,
[48] 49+ 1870+ Y.
Académie de médecine, Paris.
4 Bulletin. 1, 1836+ Y.
5 Mémoires. 1-29, 1828-70. Y.
 - 6 **Académie des sciences et lettres de Montpellier.** Section de
médecine. Mémoires.
[4] 5-6; 2.s. 1-3, 1863-1910. Y.
 - 7 **Académie royale de chirurgie, Paris.** Memoirs. London.
2-3, 1759. Y.
 - 8 **Acta medica et philosophica hafniensia.** Hafniae.
1-5, 1671-79|| Y.
Acta scholae medicinales *see* Kyoto. University. Acta scholae
medicinales.
Actuarial society of America. Medico-actuarial mortality inves-
tigation *see* Association of life insurance medical directors.
Medico-actuarial mortality investigation.
Aerztliches Intelligenz-Blatt *see* Münchener medizinische
Wochenschrift.
 - 9 **Aesculapian.** Brooklyn, N. Y.
Continues the Medical library and historical journal.
1, 1909 || H.M.
Alabama medical association *see* Medical association of the
state of Alabama.
 - 10 **Albany medical annals.**
Journal of the Alumni association of Albany medical college. v. 1-5 have title:
Medical annals.
[1, 3, 10-11, 14, 17-18] 19-23, [24-25, 27] 28+ 1880+ Y.
25, 1904+ H.M.
 - 11 **Albrecht von Gräfes Archiv für Ophthalmologie.** Berlin.
1, 1854+ Y.
 - 12 **Alienist and neurologist.** St. Louis.
1-15, 1880-94. H.M. 1, 1880+ H.R. 1, 3-36,
1880-1915. S.L.
- Alkaloidal clinic** *see* American journal of clinical medicine.

- American academy of medicine.** Bulletin *see* Journal of sociologic medicine.
- 13 **American academy of ophthalmology and oto-laryngology.** Ophthalmological division. Transactions. St. Louis.
10-13, 1905-08. H.M.
- 14 **American anatomical memoirs.** Philadelphia.
no. 1-7 have title: Memoirs of the Wistar institute of anatomy and biology.
1, 1911+ Y.
- 15 **American association for study and prevention of infant mortality.** Transactions.
1, 1910+ H.M.
- 16 **American association for the advancement of physical education.** Report. Brooklyn.
no. 1 has title: Proceedings.
1-10, 1885-95. Y.
- 17 **American association of genito-urinary surgeons.** Transactions.
2, 1907+ H.M. 2-10, 1907-15. N.H.M.
- 18 **American association of obstetricians and gynecologists.** Transactions.
1-4, 1888-91. Y.B.
- American breeders' magazine** *see* Journal of heredity. Washington, D. C.
- American chemical society.** Chemical abstracts. *see* Chemical abstracts.
- 19 **American climatological and clinical association.** Transactions.
Before 1914 called American climatological association.
1, 1884+ H.M. 2-9, 11+ 1885+ Y.
- 20 **American college of surgeons.** Yearbook. Chicago.
1914+ H.M.
- 21 **American dermatological association.** Transactions.
11, 17-18, 22-30, 32-33, 1887-1909|| Y.
- 22 **American electro-therapeutic association.** Transactions.
15-18, 1905-08. H.M. 1-6, 8-10, 14-19, 1891-1909. Y.
- 23 **American gynaecological and obstetrical journal.** New York.
v. 1-4 have title: New York journal of gynaecology and obstetrics.
3-9, 11-19, 1893-1901|| N.H.M. 3-19, 1893-1901|| Y.
1-19, 1892-1901|| Y.B.
- 24 **American gynecological society.** Transactions.
1, 1876. N.H.M. 1-17, 1876-92. Y. 1-16, 1876-91. Y.B.
- 25 **American gynecology.** New York.
1-3, 1902-03|| N.H.M. Y.B.
- American homoeopathic observer** *see* American observer.
- 26 **American homoeopathic review.** New York.
Publication suspended Jan. 1861-June 1862.
1-6, 1858-66|| Y.

- 27 American hospital association. Transactions.
11-13, 1909-11. Y.
- 28 American institute of homoeopathy, Philadelphia. Transactions.
None published between 1860 and 1865. v. 3-5 have title: Proceedings.
1, 5-6, 14-47, 51-55, 1844-1900. Y.
- 29 American journal of anatomy. Philadelphia.
1, 1901+ Y.
- 30 American journal of care of cripples. New York.
1, 1914+ Y.
- 31 American journal of clinical medicine. Chicago.
v. 1-12 have title: Alkaloidal clinic.
[1-12] 13, [14+] 1894+ Y.
- 32 American journal of dental science. Madison, Wis.
1, n.s. [4] 5-7, [8] 9-10, 1839-60. Y.
American journal of dermatology and genito-urinary diseases *see*
Urologic and cutaneous review.
- 33 American journal of diseases of children. Chicago.
1, 1911+ H.M. Y. 11, 1916+ Y.B. 3-5, 7-8,
11-14, 16, 1912-18. N.H.M.
- 34 American journal of electrology and neurology. New York.
1, 1879-80|| Y.
- 35 American journal of electrotherapeutics and radiology. New
York.
American electro-therapeutic association and International association of clima-
tologists. v. 1-19 have title: Journal of electro-therapeutics; v. 20-33:
Journal of advanced therapeutics.
17-26, [29-33] 1899-1915. Y. 36, 1918+ Y.B.
- 36 American journal of homoeopathic materia medica and record of
medical science. Philadelphia.
v. 1-4 have title: Journal of homoeopathic clinics.
1, [2] 3-5, 1867-72. Y.
- 37 American journal of homoeopathy. New York.
v. 1, no. 1 has title: New York journal of homeopathy.
1-2, 1846-48. Y.
- 38 American journal of insanity. Baltimore.
1, 1844+ H.M. S.H. Y. 4, 1847+ H.R. 1,
8, 1844-52. W.U.
- 39 American journal of neurology and psychiatry. New York.
Ended April 1885.
1-2, [3] 1882-85. Y.
- 40 American journal of obstetrics and diseases of women and child-
ren. New York.
1, 1868+ H.M. Y. 1-40, 53-58, [60] 61, [62] 71+
1868+ N.H.M. 33-44, 1896-1901. W.P.L. [5+]
1872+ Y.B.
- 41 American journal of ophthalmology. St. Louis.
1-12, 1884-95. H.M. 1, 1863. W.U. [1-2] 3-5,
[6-7] 8-11, [12-14, 16] 17-20, [21-25], 1884-1908. Y.

- American journal of orthopedic surgery** *see* **Journal of orthopaedic surgery.**
- 42 **American journal of otology.** Boston.
1-4, 1879-1882|| H.M. Y.
- 43 **American journal of pharmacy.** Philadelphia.
v. 1-6 have title: **Journal of the Philadelphia college of pharmacy.**
1-7, [21] 23-30, [31-34] 35, 43-58, [59, 61] 62-83, 85+ 1829+
Y. 1-2, 1829-30. Y.B. 1, 32, 1829-60. W.U.
- 44 **American journal of physiology.** Boston.
1, 1898+ H.M. Y. [21-26] 45+ 1908+ Y.B.
14, 1905+ W.U.
- 45 **American journal of progressive therapeutics.** Chicago.
v. 1-15 have title: **American X-ray journal.** Ended with v. 18, 1906.
7-9, [16-17] 1900-05. Y.
- 46 **American journal of public health.** Boston.
Continues **American journal of public hygiene.** v. 1 has title: **Journal of the American public health association.**
1, 1911+ H.M. Y. 3, 8, 1912-18. N.H.M. 8,
1918+ Y.B.
- 47 **American journal of public hygiene.** Boston.
v. 1-14, no. 3 have title: **Journal of the Massachusetts association of boards of health.** Continued by **American journal of public health.**
[2-3, 13-15, 17] 18-20, 1892-1910|| Y.
- 48 **American journal of roentgenology.** New York.
v. 1-5 have title: **American quarterly of roentgenology.**
1, [2-3] 4, [5] n.s. 1+ 1906+ Y.
- 49 **American journal of surgery.** New York.
[23, 25-26, 31] 32+ 1909+ Y.
- 50 **American journal of syphilis.** St. Louis.
1, 1917+ H.M. N.H.M. Y.
- 51 **American journal of syphilography and dermatology.** New York.
Continued by **Archives of dermatology.**
1-5, 1870-74|| H.M. Y.B. 1-2, [3] 4-5, 1870-74|| Y.
- 52 **American journal of the medical sciences.** Philadelphia and New York.
1, 1827+ H.M. Y. n.s. 1-28, 30-140, 151-152, 154+
1847+ N.H.M. n.s. 5-30, 95-126, 133+ 1843+ Y.B.
n.s. 62, 1871+ S.H. 1-5, 9-10, 12-20, 22-26, n.s. 1-12,
14-42, 1827-61. W.U. n.s. 153, 1917+ H.H. n.s.
107-112, 1894-96. W.P.L.
- 53 **American journal of tropical diseases and preventive medicine.** New Orleans.
American society of tropical medicine.
1-3, 1913-16|| Y. 1-2, 1913-15. H.M.
- 54 **American journal of urology.** New York.
[1-2] 1904-06. Y.

- 55 **American lancet.** New York.
v. 1 has title: New York medical inquirer.
1-2, 1830. W.U. [2, n.s. 1], 1830-31|| Y.
- 56 **American laryngological association.** Transactions.
1-25, 27-37, 39+ 1879+ Y. 1, 4-15, 17-37, 39+ 1879+
N.H.M.
- 57 **American laryngological, rhinological and otological society.**
Transactions.
v. 1, 1895 never published.
2, 1896+ Y. 2-8, 10, 13, 15, 17+ 1896+ H.M.
- 58 **American medical and philosophical register.** New York.
1-4, 1810-14|| Y. 1-3, 1810-13. H.M. 2, 4,
1812-14|| W.U.
- American medical association.** Chicago.
- 59 **Bulletin.** 3, [5-12] 13+ 1908+ Y.
- 60 **Journal.**
1, 1883+ H.M. H.R. N.H.M. Y. 64+ 1915+
Y.B. 66+ 1916+ A.E.S. 56, 1911+ H.H.
- 61 **Transactions.**
Continued in its Journal.
1-19, 21-33, 1848-82|| Y. 1-2, 7-15, 17-24, 26-33, 1848-82||
H.M. 1-3, 5-14, 16-22, 31-32, 1848-81. N.H.M. 1, 3,
5-6, 8-10, 13-21, 31, 1848-80. W.U.
- 62 **Council on pharmacy and chemistry.** Annual reprint of the re-
ports.
1909, 1913-14, 1916. Y. 1904. N.H.M.
- 63 **Council on pharmacy and chemistry.** New and non-official
remedies.
1911, 1917. N.H.M. 1909-14. Y.
- 64 **Section on genito-urinary diseases.** Transactions.
67, 1916+ Y.
- 65 **Section on laryngology and otology.** Transactions.
1901, 1906-14, 1916. N.H.M.
- 66 **Sections on ophthalmology.** Transactions.
1875, 1880, 1888, 1894, 1897, 1906-14. N.H.M.
1905-08. N.M. 1902. Y.
- 67 **Section on pathology and physiology.** Transactions.
57-61, 1906-10. Y.
- 68 **Section on practice of medicine.** Transactions.
1907, 1909-17. Y. 1904, 1906-10. H.M.
- 69 **Section on surgery and anatomy.** Transactions.
1902, 1904-12. H.M. 1904-08. Y.
- 70 **American medical digest.** New York.
Ended June, 1889.
2-5, 1883-86. H.M. 3-5, 1884-86. Y.
- 71 **American medical directory.** Chicago.
1, 1906+ Y.
- 72 **American medical editors' association.** Proceedings.
40-41, 1909-10. Y.
- 73 **American medical gazette and journal of health.** New York.
v. 1-5 have title: New York medical gazette and journal of health.
[1-2, 4-9] 10, [11-12] 1850-61|| Y. 1-2, 4-5, 1850-54.
W.U.

- 74 **American medical intelligencer.** Philadelphia.
1-5, 1838-42|| N.H.M. Y.
- 75 **American medical journalist.** New York.
[2, 5-9] 1898-1907. Y.
- 76 **American medical monthly.** New York.
[1-3, 9, 11-15, 17] 1854-62. Y. 1-18, 1854-62|| W.U.
- 77 **American medical recorder.** Philadelphia.
v. 7-12 have title: Medical recorder of original papers and intelligence in medicine. In July, 1829 merged into American journal of the medical sciences.
5-7, 12-15, 1822-29|| H.M. 1, 9-15, 1818-29|| Y.B.
1, [4] 5-6, [7] 8-15, 1818-29|| Y.
- American medical review.** *see* Medical review of reviews.
- 78 **American medical review and journal of original and selected papers in medicine and surgery.** Philadelphia.
v. 1 has title: Medical review and analectic journal.
[1] 2-3, 1824-26|| Y.B. 1-3, 1824-26|| W.U.
- 79 **American medical times.** New York.
1-9, 1860-64|| H.M. [1-4, 7] 8, [9] 1860-64|| Y.
1-8, 1860-64. W.U.
- 80 **American medical weekly.** New York.
Merged into Gaillard's medical journal after v. 16, no. 3, 1883.
14-15, 1882. Y.
- 81 **American medicine.** Burlington, Vt.
1, 1901+ H.M. Y. 1-11, n.s. 1-13, 1901-07. N.H.M.
- 82 **American medico-psychological association.** Proceedings.
Previous to 1892: Association of medical superintendents of American institutions for the insane.
21-22, 44, 56-67, 69, 71, 1867-1915. Y. 50, 1894+ H.R.
50-51, 55, 58, 60-63, 65-69, 72+ 1894+ S.H.
- 83 **American medico-surgical bulletin.** New York.
v. 5-6, no. 4 have title: Merck's bulletin. Continued in 1899 as Merck's archives of the materia medica and its uses.
5-12, 1893-98|| Y.
- 84 **American neurological association.** Transactions.
33-39, 41, 1907-15. Y.
- 85 **American observer.** Detroit.
v. 1-6 have title: American homoeopathic observer. Ended with v. 21, 1885.
[1-6] 7-10, 1864-73. Y.
- 86 **American ophthalmological monographs.** Cincinnati.
1, 1890|| Y.
- 87 **American ophthalmological society.** Transactions.
1-44, 1864-1908. H.M. 5, 12-14, 16-39, 41-45, 1868-1909.
Y.
- 88 **American orthopedic association.** Transactions.
Succeeded by American journal of orthopedic surgery.
1-3, 5, 1887-93. Y.

- 89 **American osteopathic association.** Journal. New York.
[8] 9+ 1908+ Y.
- 90 **American otological society.** Transactions.
None published for first meeting.
1, 1869+ Y. 1-34, 1869-1901. H.M. 14-25, 27-35,
41, 47, 1881-1914. N.H.M.
- 91 **American pediatric society.** Transactions.
1, 1890+ Y. 1, 4, 12-13, 23+ 1890+ H.M.
- 92 **American pharmaceutical association.** Proceedings.
Ended with v. 59, 1911.
2-4, 6-58, 1853-1910. Y. 13-36, 1865-88. H.M. 7-8,
10-11, 14, 1858-66. W.U.
- 93 **American physical education review.** Boston.
American association for the advancement of physical education.
1-4. 8-10, 1896-1905. Y.
- 94 **American practitioner.** Louisville, Ky.
Continues Western journal of medicine. In Jan. 1886 united with Louisville
medical news forming American practitioner and news.
1-4. 1870-71. H.M.
- 95 **American proctologic society.** Transactions.
10-13, 15, 17, 1908-15. H.M. 11-13, 15, 1909-13 N.H.M.
American public health association. Journal *see* American
journal of public health.
- 96 **American public health association.**
Proceedings. 1880. Y.
Public health papers and reports.
After 1912 continued in American journal of public health.
1-32, 1873-1906. Y. 1-10, 12-14, 16-23, 1873-97. H.M.
15-17, 27, 30-33, 1889-1907. N.H.M.
American quarterly of roentgenology *see* American journal of
roentgenology.
- 97 **American review of tuberculosis.** Baltimore.
1, 1917+ H.M. Y. Y.B.
- 98 **American Roentgen ray society.** Transactions.
1902 first volume printed.
3-6, 8-9, 1902-08. Y. 4-5, 9, 1903-08. H.M.
- 99 **American social hygiene association.**
Annual report. 1, 1913+ Y.
Social hygiene. *see* Social hygiene.
Social hygiene bulletin. *see* Social hygiene bulletin.
- 100 **American society of superintendents of training schools for
nurses.** Annual convention.
1-2, 6, 1894-99. Y.
American society of tropical medicine. Journal. *see* American
journal of tropical diseases and preventive medicine.
- 101 **American society of tropical medicine.** Papers.
1-9, 1904-14. Y.

- 102 **American surgical association.** Transactions.
1, 1880+ Y. 1-6, 17-20, 23-24, 26-28, 1880-1910. H.M.
1-22, 1880-1904. N.H.M.
- 103 **American therapeutic society.** Transactions.
9, 12+ 1910+ Y.
- 104 **American urological association.** Transactions.
1, 1907+ H.M. 1-10, 16, 1907-17. N.H.M.
American X-ray journal. *see* American journal of progressive therapeutics.
- 105 **American yearbook of anesthesia and analgesia.** New York.
1915+ Y.
- 106 **American yearbook of medicine and surgery.** Philadelphia.
1896-1905|| N.H.M. Y. 1896-1903. H.M. 1897-1903. W.P.L.
Amtlicher Bericht über die Versammlung deutscher Naturforscher und Aerzte. *see* Gesellschaft deutscher Naturforscher und Aerzte. Verhandlungen.
- Analectic** *see* Epitome of medicine.
- Anatomical and surgical society,** Brooklyn. Annals. *see* Annals of anatomy and surgery.
- 107 **Anatomical record.** Philadelphia.
1, 1906+ Y.
- 108 **Anatomische Hefte.** 1. Abteilung. Arbeiten aus anatomischen Instituten. Wiesbaden.
1, 1892+ Y.
- 109 **Anatomische Hefte.** 2. Abteilung. Ergebnisse der Anatomie und Entwicklungsgeschichte. Wiesbaden.
1, 1891+ Y.
- 110 **Anatomischer Anzeiger.** Jena.
1, 1886+ Y.
- Annalen der Chemie und Pharmacie** *see* Justus Liebigs Annalen der Chemie.
- Annalen der Pharmacie** *see* Justus Liebigs Annalen der Chemie.
- 111 **Annales d'hygiène publique et de médecine légale.** Paris.
1-11, 1829-34. Y.
- 112 **Annales d'oculistique.** Paris.
59-62, 65-112, [113-116, 118, 120], 1868-98. Y. 83-94, 1880-85. H.M.
- 113 **Annales de dermatologie et de syphiligraphie.** Paris.
1, 1868+ Y.
- 114 **Annales de gynécologie et d'obstétrique.** Paris.
56-60, n.s. 1-10, 13+ 1903+ Y.B.
- 115 **Annales de médecine.** Paris.
1, 1914+ H.M.

- 116 **Annales des maladies de l'oreille, du larynx, du nez et du pharynx.** Paris.
17-21, 23-36, 1891-1910. Y.
- 117 **Annales des maladies vénériennes.** Paris.
1-9, 11+ 1906+ Y.
- 118 **Annalist, a record of practical medicine in the city of New York.**
[1-3] 1846-49|| Y. 1-2, 1846-47. W.U.
- 119 **Annals of anatomy and surgery.** Brooklyn.
v. 1-2 have title: *Annals of the Anatomical and surgical society.*
1-9, 1878-84|| H.M. Y.
Annals of gynaecology *see* *Annals of medical practice.*
Annals of gynecology and pediatry *see* *Annals of medical practice.*
- 120 **Annals of hygiene.** Philadelphia.
[1-6, 8-10] 1884-95. Y.
- 121 **Annals of medical history.** New York.
1, 1917+ Y.
- 122 **Annals of medical practice.** Boston.
v. 1-3, no. 5 have title: *Annals of gynaecology*; v. 3, no. 6—v. 22, no. 6:
Annals of gynecology and pediatry.
[1-4, 8, 14, 16, 19-23] 1888-1910|| Y.
- 123 **Annals of medicine.** Edinburgh.
1-8, 1796-1804|| Y. 1-2, 1796-97. H.M.
- 124 **Annals of ophthalmology.** St. Louis.
v. 1-5 have title: *Annals of ophthalmology and otology.*
6-10, 1897-1901. H.M. 12-19, 1903-10. N.H.M.
- 125 **Annals of ophthalmology and otology.** St. Louis.
In 1897 divided into two parts: *Annals of ophthalmology* and *Annals of otology, rhinology and laryngology.*
1-5, 1892-96|| H.M.
- 126 **Annals of otology, rhinology and laryngology.** St. Louis.
v. 1-5 have title: *Annals of ophthalmology and otology.*
6-10, 1897-1900. H.M. 12-30, 1903-11. N.H.M.
- 127 **Annals of surgery.** Philadelphia.
1, 1885+ Y. 2-14, 16+ 1886+ H.M. [1] 3-15, [16]
17, [18-19] 20+ 1885+ N.H.M. 47-51, 67+ 1908+
Y.B. 67, 1918+ H.H.
- 128 **Annals of tropical medicine and parasitology.** Liverpool.
Liverpool school of tropical medicine.
1, 1907+ Y.
- 129 **Annual and analytical cyclopaedia of practical medicine.** Philadelphia.
Continues *Annual of the universal medical sciences.*
1-6, 1898-1901|| H.M. N.H.M. Y.
- 130 **Annual of the universal medical sciences.** Philadelphia.
Succeeded by *Annual and analytical cyclopaedia of practical medicine.*
1888-96|| H.M. Y.

- Arbeiten aus der chirurgischen Klinik der K. Universität Berlin.
see Berlin. Universität. Chirurgische Klinik. Arbeiten.
- Archiv des Vereins für gemeinschaftliche Arbeiten zur Förderung
 der wissenschaftlichen Heilkunde *see* Verein für ge-
 meinschaftliche Arbeiten zur Förderung der wissenschaft-
 lichen Heilkunde. Archiv.
- Archiv des vereins für wissenschaftliche Heilkunde *see* Verein
 für gemeinschaftliche Arbeiten zur Förderung der wissen-
 schaftlichen Heilkunde. Archiv.
- 131 Archiv für Anatomie, Physiologie und wissenschaftliche Medicin.
 Leipzig.
 Continues Archiv für Anatomie und Physiologie. In 1877 divided into two
 parts: 1. Archiv für Physiologie; 2, Archiv für Anatomie und Entwick-
 lungsgeschichte.
 1-43, 1834-76|| Y.
- Archiv für Anatomie und Entwicklungsgeschichte. *see* Archiv
 für Anatomie und Physiologie. Anatomische Abteilung.
- 132 Archiv für Anatomie und Physiologie. Leipzig.
 Preceded by Archiv für die Physiologie and Deutsches Archiv für die Physio-
 logie. Continued as Archiv für Anatomie, Physiologie und wissenschaftliche
 Medicin. No issue for 1831.
 1-6, 1826-32|| Y.
- 133 Archiv für Anatomie und Physiologie. Anatomische Abteilung.
 Leipzig.
 Continues Zeitschrift für Anatomie und Entwicklungsgeschichte.
 1, 1877+ Y.
- 134 Archiv für Anatomie und Physiologie. Physiologische Abteilung.
 Leipzig.
 1, 1877+ Y.
- 135 Archiv für Dermatologie und Syphilis. Vienna.
 v. 6-20 have title: Vierteljahresschrift für Dermatologie und Syphilis.
 1, 1869+ Y.
- 136 Archiv für die gesamte Physiologie des Menschen und der Tiere.
 Bonn.
 1, 1868+ Y. 108-126, 1905-09. W.U.
- 137 Archiv für die Physiologie. Halle.
 Continued as Deutsches Archiv für die Physiologie, and later as Archiv für
 Anatomie und Physiologie.
 1-12, 1795-1815|| Y.
- 138 Archiv für Entwicklungsmechanik der Organismen. Leipzig.
 1, 1895+ Y.
- 139 Archiv für experimentelle Pathologie und Pharmakologie. Leip-
 zig.
 1-8, 13+ 1873+ Y.
- 140 Archiv für Gynaekologie. Berlin.
 1, 1870+ Y. 66, 1902+ Y.B.
- 141 Archiv für Hygiene. Munich.
 1, 1883+ Y.

- 142 **Archiv für Kinderheilkunde.** Stuttgart.
1, 1880+ Y.
- 143 **Archiv für klinische Chirurgie.** Berlin.
1, 1861+ Y.
- 144 **Archiv für Laryngologie und Rhinologie.** Berlin.
1, 1893+ Y. 1-19, 1893-1907. N.H.M.
- 145 **Archiv für mikroskopische Anatomie und Entwicklungs-
geschichte.** Bonn.
1, 1865+ Y. 71-75, 1908-10. Y.B.
Archiv für Ohrenheilkunde *see* **Archiv für Ohren- Nasen- und
Kehlkopfheilkunde.**
- 146 **Archiv für Ohren- Nasen- und Kehlkopfheilkunde.** Leipzig.
v. 1-97 have title: **Archiv für Ohrenheilkunde.**
1, 1864+ Y.
Archiv für Ophthalmologie *see* **Albrecht von Graefes Archiv
für Ophthalmologie.**
**Archiv für pathologische Anatomie und Physiologie und für
klinische Medizin** *see* **Virchows Archiv.**
Archiv für Physiologie *see* **Archiv für Anatomie und Physiolo-
gie. Physiologische Abteilung.**
- 147 **Archiv für Psychiatrie und Nervenkrankheiten.** Berlin.
1-45, 47+ 1868+ Y.
- 148 **Archiv für Rassen- und Gesellschafts-Biologie, einschliesslich
Rassen- und Gesellschafts-Hygiene.** Berlin.
1, 1904+ Y.
- 149 **Archiv für Verdauungs-Krankheiten.** Berlin.
1, 1896+ Y.
- 150 **Archiv für Zellforschung.** Leipzig.
1, 1908+ Y.
- 151 **Archives d'anatomie microscopique.** Paris.
10, 1908+ Y.
- 152 **Archives de biologie.** Paris.
1, 1880+ Y.
- 153 **Archives de médecine et de chirurgie spéciales.** Paris.
1, [2-4] 10, 1900-09. Y.
- 154 **Archives de médecine expérimentale et d'anatomie pathologiques.**
Paris.
1-11, 13+ 1889+ Y.
Archives de neurologie *see* **Archives internationales de neuro-
logie.**
- 155 **Archives de physiologie de thérapeutique et d'hygiène.** Paris.
1-2, 1854|| Y.
- 156 **Archives de physiologie normale et pathologique.** Paris.
ser. 1-5. 1868-98|| Y.
- 157 **Archives des maladies du coeur, des vaisseaux et du sang.** Paris.
1, 1908+ Y. 11, 1918+ Y.B.

- 158 **Archives** des sciences biologiques publiées par l'Institut impérial de médecine expérimentale à St. Pétersbourg.
1, 1892+ Y.
- 159 **Archives** générales de médecine. Paris.
[2.s. 2] 4.s. 1+ 1829, 1843+ Y.
- 160 **Archives** internationales de neurologie. Paris.
1880-1909 have title: Archives de neurologie.
1-4, 6-8, [9-10] 11+ 1880+ Y.
- 161 **Archives** internationales de pharmacodynamie et de thérapie.
Brussels and Paris.
1, 1894+ Y.
- 162 **Archives** internationales de physiologie. Liège.
1, 1904+ Y.
- 163 **Archives** italiennes de biologie. Rome.
1, 1882+ Y.
- 164 **Archives** mensuelles d'obstétrique et de gynécologie. Paris.
v. 1+ also called 17+ année de l'Obstétrique of which the Archives are a continuation.
6, 1917+ Y.B.
- Archives** of comparative medicine and surgery. *see* Journal of comparative medicine and veterinary archives.
- 165 **Archives** of dermatology. New York.
Continues American journal of syphilography; continued by Journal of cutaneous diseases.
1-8, 1874-82|| Y. 1-3, 6, 8, 1874-82|| H.M.
- 166 **Archives** of diagnosis. New York.
1, 1908+ H.M.
- 167 **Archives** of electrology and neurology. New York.
1-2, 1874-75|| Y.
- 168 **Archives** of internal medicine. Chicago.
1, 1908+ H.M. Y. Y.B. 5-11, 13-14, 20+ 1910+
N.H.M. 1-2, 5+ 1908+ S.H.
- 169 **Archives** of laryngology. New York.
1-4, 1880-83|| H.M. Y.
- 170 **Archives** of medicine. New York.
1-12, 1879-84|| Y.B. 1-9, 1879-83. H.M. 1-8,
1879-82. Y.
- 171 **Archives** of neurology and psychiatry. Chicago.
1, 1919+ S.H. Y.
- 172 **Archives** of neurology and psychopathology. Utica.
1-3, 1898-1900|| Y. 1-2, 1898-99. S.H.
- 173 **Archives** of ophthalmology. New York.
English edition of Archiv für Augenheilkunde. v. 1-7 have title: Archives of ophthalmology and otology.
8-24, 26, 1879-97. Y. 8-16, 1879-87. H.M.
- 174 **Archives** of ophthalmology and otology. New York.
In 1879 divides into two parts: Archives of ophthalmology and Archives of otology.
1-7, 1869-79|| H.M. Y.

- 175 **Archives of otology.** New York.
English ed. of Zeitschrift für Ohrenheilkunde. v. 1-7 have title: Archives of ophthalmology and otology. Ended with v. 37, 1908.
8-30, 1879-1901. Y. 8-15, 1879-86. H.M. 32-33, 1903-04. N.H.M.
- 176 **Archives of pediatrics.** New York.
1, 1884+ H.M. [1] 4, [5] 6-9, [10-13] 14, 16, [17-23, 25] 26-27, [28] 30-32, 1884-1915. Y. 1-3, 5-29, 1884-1912. N.H.M. 17, 1900. W.P.L.
- 177 **Archives of physiological therapy.** Boston.
In 1907 merged into Journal of inebriety.
1-4, 1905-06|| Y.
- 178 **Archives of radiology and electrotherapy.** London.
Official organ of the Roentgen society of London; after v. 23 official organ of the British association of radiology and physiotherapy. v. 1 has title: Archives of skiagraphy; v. 2-19: Archives of the Roentgen ray.
21, 1916+ Y.
Archives of skiagraphy *see* Archives of radiology and electrotherapy.
- 179 **Archives of surgery.** London.
1-11, 1889-1900|| H.M. 1-10, 1889-99. Y.
Archives of the Roentgen ray *see* Archives of radiology and electrotherapy.
- 180 **Archivio italiano di anatomia e di embriologia.** Florence.
1, 1902+ Y.
- 181 **Arizona medical association.** Transactions.
1895-98, 1902-07. H.M.
- 182 **Arkansas medical society.** Proceedings.
1875, 1883, 1888. H.M.
- 183 **Asclepiad.** London.
1-11, 1884-95|| H.M. 1-8, 1884-91. Y.B. [1, 5, 9-11] 1884-95|| Y.
- 184 **Association française pour l'étude du cancer,** Paris. Bulletin.
1-3, 1908-10, Y.
- 185 **Association medical journal.** London.
Formed by the union of the Provincial medical and surgical journal and London journal of medicine. Continued as British medical journal.
1-4, 1853-56|| Y.
- 186 **Association of American anatomists.** Proceedings.
1901/02-1905 published in American journal of anatomy; later numbers in the Anatomical record.
6-10, 12-14, 1894-1900|| Y.
- 187 **Association of American medical colleges.** Proceedings.
1900-01 have title: Transactions.
10, 16, 18-23, 25, 27+ 1900+ Y.
- 188 **Association of American physicians.** Transactions.
1, 1886+ Y. Y.B. 1-30, 1886-1915. H.M. 1, 3, 12, 1886-97. N.H.M.

- 189 **Association of life insurance medical directors.** Abstract of the proceedings.
I, 1889+ Y.
- 190 **Association of life insurance medical directors.** Medico-actuarial mortality investigation. New York.
Compiled and published by the Association of life insurance medical directors and Actuarial society of America.
I-5, 1912-14. Y.
- Association of medical superintendents of American institutions for the insane** *see* American medico-psychological association.
- Association of military surgeons of the United States.** Journal
see Military surgeon.
- Asylum journal of mental science** *see* Journal of mental science.
- 191 **Atlantic medical weekly.** Providence.
v. 1-2 have title: Rhode Island medical science monthly. Merged into Philadelphia medical journal.
[3-5] 6-7, [8-9] 10, 1895-98|| Y.
- 192 **Australasian medical congress.** Transactions.
8, 1908. Y.
- 193 **Australasian medical gazette.** Sydney.
Merged into Medical journal of Australia.
[2-16, 18] 19-20, [21] 22-23, [24-25] 26-35, 1882-1914|| Y.
- Ayer clinical laboratory** *see* Philadelphia. Pennsylvania hospital. Ayer clinical laboratory.
- Baumgartens Jahresbericht** *see* Jahresbericht über die Fortschritte in der Lehre von den pathogenen Mikroorganismen.
- 194 **Beiträge zur Geburtshilfe und Gynaekologie.** Leipzig.
I, 1898+ Y.
- 195 **Beiträge zur Geburtshülfe und Gynäkologie.** Berlin.
Merged into Zeitschrift für Geburtshülfe und Gynäkologie.
1-4, 1872-76|| Y.
- 196 **Beiträge zur Klinik der Tuberkulose.** Würzburg.
1-16, 1903-10. Y.
- 197 **Beiträge zur klinischen Chirurgie.** Tübingen.
v. 1 has title: Mittheilungen aus der chirurgischen Klinik zu Tübingen.
I, 1883+ Y.
- 198 **Beiträge zur Naturgeschichte des Menschen.** Jena.
1-5, 1908-10. Y.
- 199 **Beiträge zur pathologischen Anatomie und zur allgemeinen Pathologie.** Jena.
I, 1886+ Y. I-49, 1886-1910. Y.B.
- Bellevue and allied hospitals, New York** *see* New York (City) Bellevue and allied hospitals.
- 200 **Bender hygienic laboratory, Albany, N. Y.** Studies.
2-4, 1905-07. Y.

- 201 **Bericht über die Fortschritte der Anatomie und Physiologie.** Leipzig.
Continued as *Jahresberichte über die Fortschritte der Anatomie und Entwicklungsgeschichte.*
1-16, 1856-71|| Y.
- 202 **Berkshire medical journal.** Pittsfield, Mass.
1, 1861|| Y.
- 203 **Berlin. Universität. Chirurgische Klinik. Arbeiten.**
1-3, 5-18, 1886-1906. Y.
- 204 **Berliner klinische Wochenschrift.**
1, 1864+ H.M. Y.
Berliner urologische Gesellschaft. Verhandlungen. *see* *Zeitschrift für Urologie.*
- 205 **Bibliographia medica.** Paris.
Continues the *Index medicus*. In 1903 the publication of the *Index medicus* was renewed.
1-3, 1900-03|| Y.
- 206 **Bibliographia physiologica.** Vienna.
1897-1904 printed in card form.
3.s. 1-4, 6-8, 1905-12. Y.
- 207 **Bibliographie anatomique.** Paris.
19-23, 1909-13. Y.
- 208 **Bibliographie der gesamten Gynaekologie und Geburtshilfe.** Berlin.
1, 1913+ Y.
- 209 **Bibliographie der gesamten inneren Medizin und ihrer Grenzgebiete.** Berlin.
1, 1912+ Y.
- 210 **Bibliographie der gesamten Kinderheilkunde.** Berlin.
1, 1911+ Y.
- 211 **Bibliotheca medico-chirurgica, pharmaceutico-chemica, et veterinaria.** Göttingen.
[5-7, 11] 12-29, [30, 32] 33, [34-38] 39-40, [41-42] 43, [44-45] 1851-91. Y.
- 212 **Bibliothèque du médecin-praticien.** Paris.
1, 3, 6-8, 10, 13-14, 1843-50. W.U.
- 213 **Biochemical bulletin.** New York.
Ended?
no. 1-15, 17-21, 1911-16. Y. 1-2, 1911-12. W.U.
- 214 **Biochemical journal.** Cambridge, Eng.
1, 1906+ Y. 11, 1917+ Y.B.
- 215 **Biochemische Zeitschrift.** Berlin.
1, 1906+ Y. 1-18, 20+ 1906+ A.E.S.
- 216 **Biochemisches Centralblatt.** Leipzig.
Beginning with v. 4, 1905 published as part 1 of *Centralblatt für die gesamte Biologie*, part 2 being *Biophysikalisches Centralblatt*. In 1910 united with *Biophysikalisches Centralblatt* under title: *Zentralblatt für Biochemie und Biophysik.*
1-9, 1902-10|| Y.

- 217 **Biological bulletin of the Marine biological laboratory, Woods Hole, Mass.**
Continues Zoological bulletin.
1, 1899+ Y.
- 218 **Biologisches Centralblatt. Leipzig.**
1, 1881+ Y. 28-30, 1908-10. Y.B.
- 219 **Biometrika. Cambridge, Eng.**
1, 1901+ A.E.S. Y.
- 220 **Biophysikalisches Centralblatt. Leipzig.**
Published as part 2 of Centralblatt für die gesamte Biologie, part 1 being Biochemisches Centralblatt. In 1910 united with Biochemisches Centralblatt under title: Zentralblatt für Biochemie und Biophysik.
1-4, 1905-10|| Y. 3-4, 1907-10|| Y.B.
- Bombay medical and physical society.** *see* Medical and physical society of Bombay.
- 221 **Boston. City hospital. Medical and surgical reports.**
1-4, 6, 9-16, 1877-1913. Y.
- 222 **Boston journal of health.**
1, n.s. 1-6, 1887-93|| Y.
- 223 **Boston. Massachusetts general hospital. Publications.**
1-4, 1905-13|| H.M. N.H.M. 2-4, 1908-13|| Y.
- 224 **Boston medical and surgical journal.**
1, 1828+ H.M. Y. 4-5, 90-91, 118-171, 175+ 1831+ N.H.M. 102, 1880+ S.H. 178, 1918+ Y.B. 1, 3-14, 16-24, 26-31, 34-42, 44-45, 49, 1829-54. W.U.
- 225 **Boston medical intelligencer.**
In Feb. 1828 united with New England journal of medicine and surgery to form Boston medical and surgical journal. v. 1 has title: Medical intelligencer.
1, 1823-24. Y. 2, 4-5, 1824-28|| Y.B. 4-5, 1827-28|| W.U.
- 226 **Boston. Psychopathic hospital. Collected contributions.**
1914. Y.
- 227 **Boston society for medical improvement. Extracts from records.**
2-3, [4-6] 8, 1854-83|| Y.
- Boston society of medical sciences. Journal.** *see* Journal of medical research.
- 228 **Brain. London and New York.**
1, 1878+ H.M. Y. 1-4, 6, 9-10, 1878-88. N.H.M. 1-8, 1878-85. H.R. 40, 1917+ Y.B.
- Braithwaite's retrospect** *see* Retrospect of practical medicine and surgery.
- 229 **Bristol medico-chirurgical journal.**
1-6, [7-9] 10, [11] 12-13, 1883-95. Y.
- 230 **British and foreign medical review. London.**
Preceded by Medical quarterly review. Merged into British and foreign medico-chirurgical review.
1-24, 1836-47|| Y. 22-24, 1846-47|| H.M.

- 231 **British and foreign medico-chirurgical review.** London.
A consolidation of British and foreign medical review with Medico-chirurgical review. Ended with v. 60, 1877.
1-56, 1848-75 (1-28 American reprint) Y. 1-25, 27-28, 1848-61. H.M. 1-28, 1848-61. N.H.M.
- 232 **British annals of medicine, pharmacy, vital statistics, and general science.** London.
1-2, 1837|| Y.
British association of radiology and physiotherapy. Publication
see Archives of radiology and electrotherapy.
- 233 **British gynaecological journal.** London.
Journal of the British gynaecological society which in 1907 united with other British medical societies to form the Royal society of medicine.
17-22, 1901-07|| Y. 1-20, 1885-1905. Y.B.
- 234 **British journal of children's diseases.** London.
1, 1904+ H.M.
- 235 **British journal of dermatology.** London.
1, 1888+ Y.
- 236 **British journal of homoeopathy.** London.
Ended with v. 42, 1884.
5-10, 1847-52. Y.
- 237 **British journal of surgery.** Bristol.
1, 1913+ H.M. Y.
- 238 **British journal of tuberculosis.** London.
1, 1907+ H.M.
- 239 **British medical journal.** London.
British medical association. Continues Association medical journal.
1857+ H.M. Y. 1888-1902, [1903] 1904-14. N.H.M.
1908-10. Y.B.
British pharmaceutical conference. Transactions. *see* Year book of pharmacy.
- 240 **Brooklyn medical journal.**
Medical society of the county of Kings.
[1, 4, 6, 9] 10-15, [16-20], 1888-1906|| Y. 1-9, 1888-95.
H.M.
- 244 **Buffalo.** University. Medical dept. Report of the laboratories.
1-4, 1898-1905. Y.
- 242 **Buffalo.** General hospital. Medical and surgical reports.
1, 1913. Y.
- 243 **Buffalo medical journal.**
3, 6-13, 1848-57. W.U.
- 244 **Buffalo.** University. Medical dept. Report of the laboratories.
2-4, 1903-12. Y.
Bulletin de l'Académie de médecine. *see* Académie de médecine, Paris. Bulletin.
- 245 **Bulletin des sciences médicales.** 3. section du Bulletin universelle des sciences et de l'industrie. Paris.
1-27, 1824-31|| Y.

- 246 *Bulletin général de thérapeutique médicale, chirurgicale, obstétricale et pharmaceutique.* Paris.
1-79, 1832-70. Y.
- 247 *Cairo.* Egyptian government school of medicine. Records.
1-3, 1901-05. Y.
- Calcutta.* Medical and physical society *see* Medical and physical society of Calcutta.
- California* medical society *see* Medical society of the state of California.
- 248 *California* state journal of medicine. San Francisco.
[1-5] 6-14, 1902-16. Y.
- 249 *California.* University. Medical school. George Williams Hooper foundation for medical research. Collected reprints.
1, 1915+ Y.
- California.* University. Publications. Berkeley.
- 250 Pathology. 1, 1903+ Y.
- 251 Physiology. 1, 1902+ Y.
- 252 *Canadian* medical association. Journal. Toronto.
Continues Montreal medical journal and Maritime medical news.
n.s. 1-4, [5], 1911-15. Y.
- 253 *Canadian* practitioner and medical review. Toronto.
[9-10, 18, 27-29] 30, [31-33] 34-36, 1884-1911. Y.
- Canal Zone* medical association *see* Medical association of the Isthmian Canal Zone.
- Canstatt's* Jahresbericht *see* Jahresbericht über die Fortschritte der gesammten Medicin in allen Ländern.
- Caroline Brewer Croft* cancer commission. *see* Harvard university. Medical school. Cancer commission.
- 254 *Carry on.* New Haven.
1, 1918+ Y. Y.B.
- 255 *Cellule.* Lierre and Louvain.
1, 1884+ Y.
- Centralblatt* *see* Zentralblatt.
- 256 *Charité-Annalen.* Berlin.
1, 1874+ Y.
- 257 *Charlotte* medical journal.
58, 1908+ Y.
- 258 *Chemical* abstracts. Easton, Pa.
American chemical society. Preceded by Review of American chemical research.
1, 1907+ Y. 12, 1918+ Y.B.
- Chicago* clinical review. *see* Clinical review.
- Chicago* institute of medicine. *see* Institute of medicine of Chicago.
- Chicago* journal of nervous and mental disease *see* Journal of nervous and mental disease.

- 259 **Chicago** pathological society. Transactions.
1, 1894+ Y.
- 260 **Chicago** society of internal medicine. Transactions.
1, 1917+ Y.
- 261 **Chicago** urological society. Transactions.
1915/16+ Y.
- 262 **China**. Inspectorate general of customs. Medical reports.
Shanghai.
1, 17-67, 1870-1905. Y. 12-17, 19, 26-32, 1876-86. S.L.
- 263 **China** medical journal. Shanghai.
v. 1-21, no. 2 have title: China medical missionary journal.
14-28, 1900-14. Y.
China medical missionary journal *see* China medical journal.
- 264 **Chironian**. Lancaster, Pa.
[4-5, 11-13] 14-19, [20-21] 22-26, 31+ 1887+ Y.
Cincinnati lancet *see* Lancet-clinic.
Cincinnati lancet-clinic *see* Lancet-clinic.
- 265 **Cleveland**. Lakeside hospital. Clinical and pathological papers.
1-5, 1901-12. Y.
- 266 **Cleveland** medical journal.
Academy of medicine of Cleveland. Continues Cleveland journal of medicine
and Cleveland medical gazette.
1, 3+ 1902+ Y. 4, 1905+ H.M.
- 267 **Clinical** review. Chicago.
v. 1-6 have title: Chicago clinical review.
[7, 14-16] 17-18, [19-20] 21-22, [23-25], 1897-1907|| Y.
- 268 **Clinical** society of London. Transactions.
United with other British medical societies to form Royal society of medicine.
1-40, 1868-1907|| Y. 1-25, 1868-92. H.M.
Clinical society of the University of Michigan *see* Michigan.
University. Clinical society.
- 269 **Clinical** studies by Byrom Bramwell. Edinburgh.
1-2, n.s. 1-8, 1889-1910|| H.M. n.s. 5-8, 1906-10|| Y.
- 270 **Clinics** of John B. Murphy at Mercy hospital, Chicago.
v. 1-3 called: Surgical clinics.
1-5, 1912-16|| H.M. [5], 1916. N.H.M.
- 271 **Clinique**. Montreal.
[2] 3-7, 1895-1900. Y.
College of physicians and surgeons, New York *see* Columbia
university. College of physicians and surgeons.
- 272 **College** of physicians of Philadelphia. Transactions.
1, 1793+ Y.B. 3.s. 14-18, 20, 22-31, 39, 1892-1917. H.M.
3.s. 1, 7, 1875-84. N.H.M. 3.s. 3, 1877. W.U.
- 273 **Colorado** state medical society. Transactions.
1876-78, 1880-81, 1883-86, 1888-91, 1893-1902. H.M. 1891-95.
Y.

- 274 **Columbia university.** College of physicians and surgeons. Dept. of pathology. Studies.
1, 1890+ Y.
- 275 **Columbia university.** Laboratory for surgical research. Studies.
1, 1903-07. Y.
- 276 **Commission internationale permanente pour l'étude des maladies professionnelles.** Bulletin. Milan.
1-4, 1908-11. Y.
- 277 **Committee for the prevention of blindness.** Prevention of blindness.
1-2, 5-7, 9-10, 12, 1908-13. Y.
- 278 **Committee of one hundred on national health.** Bulletin. Washington.
27-28, 30-32, 36, 41-42, 44-45, 1909-10. Y.
- 279 **Conference of state and provincial boards of health of North America.** Proceedings.
v. 1-11 have title: Proceedings of the National conference of state boards of health.
3-7, 12-13, 16, 18-23, 25-26, 1886-1911. Y.
Congress für innere Medizin. *see* Deutscher Kongress für innere Medizin.
- 280 **Congress of American physicians and surgeons.** Transactions.
1, 1888+ H.M. Y. Y.B. 2-10, 1891-1916. N.H.M.
- 281 **Congresso brasileiro de medicina e cirurgia.** Proceedings.
1-2, 1888-89. Y.
- 282 **Connecticut eclectic medical association.** Transactions.
1886-87. S.L.
- 283 **Connecticut homoeopathic medical society.** Transactions.
1894, 1901, 1903, 1905-08, 1910-11, 1913, 1916, S.L.
- 284 **Connecticut medical society.** Proceedings.
1, 1792+ H.M. S.L. Y. 1845-71, 1892-1915. S.H.
1896-1908. N.B.H. 1-37, 57, 63, 68+ 1792+ N.H.M.
1837, 1860-72, 1875, 1879-1904, 1906-13. W.U.
- 285 **Connecticut pharmaceutical association.** Proceedings.
1, 4-8, 1877-84. Y.
Connecticut society of social hygiene. Hartford.
286 Leaflets. 1, 1911+ Y.
287 Reports. 1, 1911+ Y.
288 Social evil committee. Annual report. 1910/11. Y.
- 289 **Connecticut.** Tuberculosis commission. Report.
1909+ S.L.
- 290 **Cornell university, Ithaca.** Medical college. Cornell university medical bulletin.
1, 1911+ Y.
- 291 **Dept. of neurology.** Studies.
Continued by Cornell university medical bulletin.
1-2, 1904-07. Y.
- 292 **Correspondenz-Blatt für Schweizer Aerzte.** Basel.
[48+], 1918+ Y.B.

- Croft cancer commission. *see* Harvard university. Medical school. Cancer commission.
- 293 Delaware state medical society. Transactions.
1882-85, 1889-91, 1896-97, 1901. H.M.
- 294 Dermatological society of Great Britain and Ireland. Transactions. London.
United with other British medical societies to form Royal society of medicine.
1-10, 1894-1904|| Y.
- 295 Dermatologische Studien. Leipzig and Hamburg.
Supplement to Monatshefte für praktische Dermatologie.
13-18, 20-21, 1891-1910. Y.
- 296 Dermatologische Zeitschrift. Berlin.
8, 1901+ Y.
- 297 Dermatologischer Jahresbericht. Wiesbaden.
1-4, 1905-11. Y.
- 298 Dermatologisches Centralblatt. Leipzig.
1, 1898+ Y.
- 299 Deutsche Chirurgie. Stuttgart.
Continued in 1912 by Neue deutsche Chirurgie.
1-67, 1879-1907. Y.
- 300 Deutsche dermatologische Gesellschaft. Verhandlungen.
1, 3, 11+ 1889+ Y.
- 301 Deutsche Gesellschaft für Chirurgie. Verhandlungen.
1, 1872+ Y.
- 302 Deutsche Gesellschaft für Urologie. Verhandlungen.
2. 1909+ Y.
- 303 Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten. Verhandlungen.
1-3, 8, 1903-11. Y.
- 304 Deutsche Klinik am Eingange des zwanzigsten Jahrhunderts.
Berlin.
1-14, 1903-12. H.M. Y.
- 305 Deutsche medizinische Wochenschrift. Leipzig.
4, 1878+ Y. 36-39, 1910-13. N.H.M.
- 306 Deutsche pathologische Gesellschaft. Verhandlungen.
Supplement to Centralblatt für allgemeine Pathologie und pathologische Anatomie.
1, 1898+ Y.B. 6, 1903+ Y.
- 307 Deutsche Röntgen-Gesellschaft. Verhandlungen.
1, 1905. Y.
Deutsche Vierteljahrsschrift für oeffentliche Gesundheitspflege
see Oeffentliche Gesundheitspflege.
- 308 Deutsche Zeitschrift für Chirurgie. Leipzig.
1, 1872+ Y. ,
- 309 Deutsche Zeitschrift für Nervenheilkunde. Leipzig.
1, 1891+ Y.

- 310 **Deutscher Kongress für innere Medizin. Verhandlungen.**
Previous to 1910: Kongress für innere Medizin.
1, 1882+ H.M. Y. 1-23, 1882-1906. Y.B.
- 311 **Deutsches Archiv für die Physiologie. Halle.**
Preceded by Archiv für die Physiologie. Continued as Archiv für Anatomie und Physiologie.
1-8, 1815-23|| Y.
- 312 **Deutsches Archiv für Geschichte der Medicin und medicinische Geographie. Leipzig.**
Ended with v. 8, 1885.
1-4, 1878-81. Y.
- 313 **Deutsches Archiv für klinische Medizin. Leipzig.**
1-53, 55-56, 59+ 1865+ Y. 42-84, 1888-1905. Y.B.
- 314 **Dietetic and hygienic gazette. New York.**
v. 1-2 have title: Journal of reconstructives, dietetics and alimentation; v. 3-7: Dietetic gazette.
[1-2] 3-4, [5-8] 9-10, [11-14, 21, 23-25, 27-30], 1888-1914|| Y.
25, 1909. N.H.M. 23-24, 1907-08. W.U.
District of Columbia medical society *see* Medical society of the District of Columbia.
- 315 **Dominion medical monthly and Ontario medical journal. Toronto.**
36, 1911+ Y.
- 316 **Drugs and medicines of North America. Cincinnati.**
1-2, 1884-87|| Y.
- 317 **Dublin journal of medical science.**
v. 1-8 have title: Dublin journal of medical and chemical science. n.s. v. 1-52: Dublin quarterly journal of medical science.
53-55, 57, 62-79, 81-88, 1872-89. N.H.M. [17-19] n.s. 5-6, [7, 9-10] 11-47, 49-52, [53-56] 57-64, 67-68, 72-73, 75-76, 79-82, [84, 89] 90-93, [94] 123+ 1840+ Y. 2, 1846. W.U.
- 318 **Eclectic journal of medicine. Philadelphia.**
Ended with v. 4, 1840.
1-3, 1836-39. H.M. Y.
- 319 **Eclectic medical society of the state of New York. Transactions.**
1-6, 17, 1866-98. Y.
- 320 **Eclectic repertory and analytical review. Philadelphia.**
Continued as Journal of foreign medical science and literature.
1-10, 1810-20|| Y. 1-8, 1810-18. Y.B. 1-6, 8-9, 1810-19. W.U.
- 321 **Edinburgh medical and surgical journal.**
Merged into Edinburgh medical journal.
12-19, 21-31, 37, 40-44, 49, 51-55, 58-61, 65-82, 1816-55|| Y.
23-26, 1825-26. H.M.
- 322 **Edinburgh medical journal.**
1-9 [10-11, 13-15, 17, 19-20, 55] 56, [57, 61-62] 63+ 1855+ Y.
Egyptian government school of medicine, Cairo *see* Cairo.
Egyptian government school of medicine.

- 323 **Encyclopädische Jahrbücher der gesamten Heilkunde.** Berlin.
Supplement to Real-Encyclopädie der gesamten Heilkunde.
24-34, 1892-1905. Y.
- 324 **Endocrinology.** Los Angeles.
1, 1917+ Y.
- 325 **Ephemeris of materia medica, pharmacy, therapeutics and col-
lateral information.** Brooklyn.
1-2 [4-7], 1882-1904. Y.
- 326 **Epidemiological society of London. Transactions.**
In 1907 united with other British medical societies to form Royal society
of medicine.
1-24, 1881-1905. Y.
- 327 **Epitome: a monthly retrospect.** New York.
v. 1-6 have title: Quarterly epitome of American practical medicine.
1-10, 1880-89|| Y.
- 328 **Epitome of medicine.** New York.
v. 1 has title: Analectic; 2-7: Medical analectic.
[2-3] 7-10, 1885-93|| Y. 1-3, 1884-86. H.M.
- 329 **Ergebnisse der allgemeinen Pathologie und pathologischen Ana-
tomie des Menschen und der Tiere.** Wiesbaden.
1, 1894+ Y. 1-14, 1894-1909. Y.B.
- 330 **Ergebnisse der inneren Medizin und Kinderheilkunde.** Berlin.
1, 1908+ Y.
- 331 **Ergebnisse der Physiologie.** Wiesbaden.
1, 1902+ A.E.S. Y.
- 332 **Eugenical news.** Cold Spring Harbor, N. Y.
[1+], 1916+ Y.
Eugenics record office, Cold Spring Harbor, N. Y.
- 333 **Bulletin.** 1, 1911+ Y.
- 334 **Memoir.** 1-2, 1912. Y.
- 335 **Report.** 1, 1913. Y.
- 336 **Eugenics review.** London.
Eugenics education society.
1, 1909+ Y.
- 337 **Federated Malay States. Institute for medical research. Studies.**
Singapore.
1-2, 4-10, 1901-09. Y.
- 338 **Fermentforschung.** Leipzig.
1, 1915+ Y.
- 339 **Florence. R. Istituto di studi superiori pratici e di perfeziona-
mento. Sezione di medicina e chirurgia. Pubblicazioni.**
1-22, 1876-98. Y.
- 340 **Florida medical association. Transactions.**
1878-79, 1885-96, 1898-1900, 1902-13. H.M.
- 341 **Folia haematologica.** Leipzig.
1, 1904+ Y. 4-12, 1907-12. Y.B.

- 342 **Folia neuro-biologica.** Leipzig.
1, 1907+ Y.
- 343 **Folia serologica.** Leipzig.
Continued by Zeitschrift für Chemotherapie und verwandte Gebiete.
1-7, 1908-11|| Y.
- 344 **Fortschritte auf dem Gebiete der Röntgenstrahlen.** Hamburg.
4, 1900+ Y.
- 345 **Fortschritte der Medizin.** Leipzig.
1-13, [14-15], 1883-97. Y.
- Francis Galton laboratory for national eugenics.** London *see*
London. University. Francis Galton laboratory for na-
tional eugenics.
- Frommels Jahresbericht** *see* Jahresbericht über die Fortschritte
auf dem Gebiete der Geburtshilfe und Gynäkologie.
- Gaillard's medical journal** *see* Gaillard's southern medicine.
- 346 **Gaillard's southern medicine.** Savannah, Ga.
v. 1-5, no. 5 have title: Richmond medical journal; v. 5, no. 6-v. 27:
Richmond and Louisville medical journal; v. 28-80: Gaillard's medical
journal; v. 81: Southern medicine and Gaillard's medical journal.
[2, 17] 29-38, 40-51, [52-54, 81] 82-93, 1866-1911. Y. 25-34,
37-49, 1876-89. H.M.
- 347 **Gegenbaurs morphologisches Jahrbuch.** Leipzig.
1875-1902 have title: Morphologisches Jahrbuch.
1, 1875+ Y.
- George Williams Hooper foundation for medical research** *see*
California. University. Medical school. George Williams
Hooper foundation for medical research.
- Georgia medical association** *see* Medical association of Georgia.
- 348 **Germany.** K. Gesundheitsamt. Arbeiten. Berlin.
1, 1886+ Y.
- Gesellschaft deutscher Naturforscher und Aerzte.** Leipzig.
Geschäfts-Bericht des Vorstandes. 1-11, 1893-1903. Y.
- 349 Verhandlungen.
350 1877 has title: Amtlicher Bericht der 50. Versammlung.
50, 63-73, 78, 1877-1906. Y.
- 351 **Gesellschaft für Natur- und Heilkunde in Dresden.** Jahresbericht.
1865/66-1876/77, 1879/80-1893/94. Y.
- 352 **Glasgow medical journal.**
67, 1907+ Y.
- 353 **Good health.** Battle Creek, Mich.
[44-45, 50] 51+ 1909+ Y.
- 354 **Gordon memorial college, Khartum.** Wellcome tropical research
laboratories Report.
1-4, 1904-11. Y.
- Gräfes Archiv für Ophthalmologie** *see* Albrecht von Gräfes
Archiv für Ophthalmologie.

- 355 **Gt. Brit. Army medical dept. Reports.** London.
1879-1908. S.L.
- 356 **Gt. Brit. Royal army medical corps. Journal.** London.
30, 1918+ Y.B.
- 357 **Gt. Brit. Royal naval medical service. Journal.** London.
4, 1918+ Y.B.
Gt. Brit. Royal sanitary institute *see* Royal sanitary institute,
London.
- Greater City of New York medical association** *see* Medical
association of the Greater City of New York.
- 358 **Gulf states journal of medicine and surgery.** Mobile.
Southern medical association. v. 1-14, no. 2 have title: Mobile medical and
surgical journal.
10, [11-12] 13-14, [15-17], 1907-10|| Y.
- Guy's hospital, London** *see* London. Guy's hospital.
- 359 **Gynaecological society of Boston. Transactions.**
v. 1-7 called Journal.
1-3, 5-7, n.s. 1, 1869-89. Y. 2-5, 1870-71. H.M.
- 360 **Gynaekologische Rundschau.** Berlin.
1-7, 1907-13. Y.B.
- 361 **Hahnemannian monthly.** Philadelphia.
1-8, [9-10, 16-18, 22-24], 1865-89. Y.
- 362 **Half-yearly abstract of the medical sciences.** Philadelphia.
American reprint.
6, 31, 44-58, 1847-73|| Y. 44-46, 50-58. 1866-73|| H.M.
46-58. 1867-73|| N.H.M. 27, 29, 46, 1858-67. W.U.
- 363 **Half-yearly compendium of medical science.** Philadelphia.
In 1883 continued as Quarterly compendium of medical science which ceased
publication in 1889.
1-13, 15-28, 1868-81. Y. 6, 1870. W.U.
- 364 **Harvard university. Harvard medical alumni association. Bul-
letin.**
1-15, 3.s. 1-7, 1891-1909. Y.
- 365 **Harvard university. Medical school. Cancer commission. Re-
port.**
3-6, 1905+ Y.
- 366 **Harvard university. Medical school. Dept. of neurology. Con-
tributions.**
1-5, 1906-12. Y.
- 367 **Harvard university. Medical school. Dept. of surgery. Bul-
letin.**
1-7, 1902-12. Y. 5-6, 1908-10. N.H.M.
- 368 **Harvard university. Medical school. Medical publications.**
1887, 1890. Y.
- 369 **Harvey society, New York. Harvey lectures.**
1905/06+ H.M. Y. 1905/06-1907/08. N.H.M.
1905/06-1915/16. W.U.

Havana. Academia de ciencias médicas físicas y naturales *see*
Academia de ciencias médicas físicas y naturales de la
Habana.

- 370 **Heart.** London.
I, 1909+ H.M. Y. 7, 1918+ Y.B.
- 371 **Heidelberg.** Universität. Chirurgische Klinik. Jahresbericht.
Supplement to Beiträge zur klinischen Chirurgie.
1897+ Y.
- 372 **Helsingfors.** Universitet. Patologiska Institutet. Arbeiten.
I, 1905+ Y.
- 373 **Henry Phipps** institute, Philadelphia. Annual report.
I, 1903+ Y. I-5, 1903-07. N.H.M.
- 374 **Herald of health.** New York.
v. 1-33 have title: Water-cure journal; v. 34: Hygienic teacher and water-
cure journal.
[I, 8, 41] 43-50, [51, 53, 55-59, 61] 62-66, 1845-81. Y.
- 375 **Homoeopathic** examiner, New York.
I-3, n.s. I-2, 1845-47|| Y.
- 376 **Homoeopathic** medical society of the state of New York. Tran-
sactions.
I-22, 1863-87. Y. 7-10, 1869-72. N.H.M. 8-9,
1870-71. Y.B. 3-6, 1865-68. W.U.
- Homoeopathic times** *see* Medical times. New York.
- Hooper** foundation for medical research. *see* California. Uni-
versity. Medical school. George Williams Hooper founda-
tion for medical research.
- 377 **Hoppe-Seylers** Zeitschrift für physiologische Chemie. Strass-
burg.
v. 1-20 have title: Zeitschrift für physiologische Chemie.
I, 1877+ A.E.S. 54-69, 1907-10. Y.B.
- 378 **Hospital** management.
5, 1918+ S.H.
- Hygienic** teacher and water-cure journal *see* Herald of health.
- 379 **Hygienisches** Zentralblatt. Leipzig.
I-4, 1906-09|| Y.
- 380 **Illinois** state medical society. Transactions.
Continued in Illinois medical journal.
1876-84, 1886-90, 1892-94, 1897-98|| H.M. 1854, 1859, 1871-73,
1875-82, 1889. Y.
- 381 **Illinois.** University. Illinois biological monographs. Urbana.
I, 1914+ Y.
- 382 **Index medicus.** Washington.
None published between April 1899 and Jan. 1903. During this interval
Bibliographia medica was issued by the Institut de bibliographie of Paris.
I-21, 2.s. I, 1879+ H.M. Y. 2.s. 7, 1909+ S.H.
2.s. I, 1903+ Y.B. 2.s. I, 1903+ W.U.

- 383 **India.** Medical and sanitary departments. Scientific memoirs. Calcutta.
n.s. 25-60, 1906-13. Y.
- 384 **Indiana** state medical association. Transactions.
1877, 1879-80, 1882-85, 1893, 1895-1907. H.M.
- 385 **Institut für Gewerbehygiene**, Frankfurt am Main. Schriften.
1-4, 1913-14. Y.
- Institut Pasteur**, Paris.
- 386 **Annales.** 1-2, [3] 4-8, [9] 10+ 1887+ Y. 32, 1918+ Y.B.
- 387 **Bulletin.** 16, 1918+ Y.B. 1-12, 1903-14. H.M.
- 388 **Institute** of medicine of Chicago. Proceedings.
1, 1917+ Y.
- 389 **Instituto** Oswaldo Cruz, Rio di Janeiro. Memorias.
1-8, 1909-16. Y.
- 390 **International** abstract of surgery. Chicago.
Supplement to Surgery, gynecology, and obstetrics.
1, 1913+ H.M. Y. 1-2, 4-6, 8-9, 1913-17. N.H.M.
10, 1917+ H.H.
- 391 **International** catalogue of scientific literature. London.
1, 1902+ Y. W.U.
- 392 **International** clinics. Philadelphia.
1, 1891+ H.M. 2-3, [12] 14, 16-18, 1892-1909. N.H.M.
15-16, 1906-07. B.H. 1-2, 5-9, 12-13 [14], 1891-1905.
Y. 3, 1894. W.P.L.
- 393 **International** congress of hygiene and demography. Transactions.
7-8, 14-15, 1892-1912. Y. 15, 1912. H.M. N.H.M.
International congress of medicine *see* International medical congress.
- 394 **International** congress on tuberculosis. Transactions.
6, 1908. H.M. N.H.M. Y.
- 395 **International** journal of surgery. New York.
[1-5] 6-9, [10-20] 21+ 1888+ Y.
- 396 **International** medical annual and practitioner's index. New York.
Reprint of Medical annual, London and Bristol.
7-15, 17-18, 20-22, 26, 1889-1910. H.M. 7-21, 1889-1904.
Y. 7-12, 14-18, 1889-1901. N.H.M. 7-13, 1889-95.
B.H. 28, 30, 1910, 1912. W.P.L.
- 397 **International** medical congress. Transactions.
7, 9-10, [13, 16], 1881-1909. Y. 7, 9, 17, 1881-1913.
H.M. 7, 1881. N.H.M.
- 398 **International** medical congress. Philadelphia. Transactions.
1876. H.M. Y.
- 399 **International** medical magazine. New York.
Ended with v. 12, 1903; merged into Archives of pediatrics.
1-6, [7] 8-10, [11], 1892-1902. Y.

- 400 **International otological congress.** Transactions.
1-3, 6, 9, 1876-1912. Y.
- 401 **International sanitary conference.** Proceedings.
5, 9, 10, 1881-97. Y.
- 402 **International sanitary conference of the American republics.**
Transactions.
2-3, 5, 1905-11. Y.
- 403 **Internationale Beiträge zur Pathologie und Therapie der Ernährungsstörungen, Stoffwechsel- und Verdauungskrankheiten.**
Berlin.
1, 1910+ Y.
- 404 **Internationale Monatsschrift für Anatomie und Physiologie.**
Leipzig.
30, 1914+ Y.
- 405 **Internationale Zeitschrift für physikalisch-chemische Biologie.**
Leipzig.
1, 1914+ Y.
- Internationales Centralblatt für die Physiologie und Pathologie der Harn- und Sexual-Organen** *see* Zentralblatt für die Krankheiten der Harn- und Sexual-Organen.
- 406 **Internationales Centralblatt für Laryngologie, Rhinologie und verwandte Wissenschaften.** Berlin.
[8] 9-10, [11-12] 13-17, [18-19] 20-22, [23-25] 26-27, [28-29], 1891-1913. Y.
- 407 **Interstate medical journal.** St. Louis.
v. 1-5 have title: Tri-state medical journal.
12, 17+ 1905+ H.M.
- 408 **Iowa state medical society.** Transactions.
1868-89, 1891-1905. H.M.
- Isthmian Canal Zone medical association** *see* Medical association of the Isthmian Canal Zone.
- 409 **Jahrbuch der praktischen Medizin.** Stuttgart.
1899-1905. Y.
- 410 **Jahrbuch der Psychoanalyse.** Leipzig.
v. 1-5 have title: Jahrbuch für psychoanalytische und psychopathologische Forschungen.
1, 1909+ Y.
- 411 **Jahrbuch für Kinderheilkunde und physische Erziehung.** Berlin.
1, 1858+
Jahrbuch für psychoanalytische und psychopathologische Forschungen *see* Jahrbuch der Psychoanalyse.
Jahrbücher der in- und ausländischen gesammten Medicin *see* Schmidts Jahrbücher.
- 412 **Jahrbücher der Medizin als Wissenschaft.** Tübingen.
1-3, 1805-08|| Y.
- 413 **Jahresbericht über die Ergebnisse der Immunitätsforschung.** Stuttgart.
Continued as Ergebnisse der Immunitätsforschung. Ended with v. 8, 1912.
1-2, 1905-06. Y.B.

- 414 **Jahresbericht über die Fortschritte auf dem Gebeite der Chirurgie.** Wiesbaden.
1-15, 1895-1909. Y.
- 415 **Jahresbericht über die Fortschritte auf dem Gebeite der Geburtshilfe und Gynäkologie.** Wiesbaden.
v. 14-20 have title: *Frommels Jahresbericht*.
1, 1887+ Y. 1-25, 1887-1912. Y.B.
- 416 **Jahresbericht über die Fortschritte der Anatomie und Physiologie.** Leipzig.
Continued in two sections: *Jahresbericht über die Fortschritte der Physiologie and Jahresbericht über die Fortschritte der Anatomie und Entwicklungsgeschichte*.
1-20, 1872-91|| Y.
- 417 **Jahresbericht über die Fortschritte der animalischen Physiologie.** Stuttgart.
v. 1-20 have title: *Jahresbericht über die Fortschritte der Physiologie which continues the physiological part of Jahresbericht über die Fortschritte der Anatomie und Physiologie*.
1-21, 1892-1912. Y.
- 418 **Jahresbericht über die Fortschritte der Diagnostik.** Leipzig.
1-10, 1899-1904. Y.
- 419 **Jahresbericht über die Fortschritte der gesammten Medicin in allen Ländern.** Erlangen.
Canstatt's Jahresbericht. Continued as *Jahresbericht über die Leistungen und Fortschritte in der gesammten Medicin*.
1851-65|| Y.
- Jahresbericht über die Fortschritte der Physiologie** *see* *Jahresbericht über die Fortschritte der animalischen Physiologie*.
- 420 **Jahresbericht über die Fortschritte der Tier-Chemie.** Wiesbaden.
1, 1871+ Y. 25, 1895+ A.E.S.
- 421 **Jahresbericht über die Fortschritte in der Lehre von den pathogenen Mikroorganismen, umfassend Bacterien, Pilze und Protozoen.** Leipzig.
1-26, 1885-1910. Y. 1-22, 1885-1905. Y.B.
- 422 **Jahresbericht über die Fortschritte in der Untersuchung der Nahrungs- und Genussmittel.** Göttingen.
Reprinted from *Jahresbericht der Pharmazie*.
1-20, 1893-1910. Y.
- 423 **Jahresbericht über die Fortschritte und Leistungen auf dem Gebiete der Hygiene.** Braunschweig.
Published as supplement of *Deutsche Vierteljahrsschrift für öffentliche Gesundheitspflege*.
14, 17-31, 1896-1913. Y.
- 424 **Jahresbericht über die Leistungen und Fortschritte auf dem Gebiete der Neurologie und Psychiatrie.** Berlin.
1, 1897+ Y.
- 425 **Jahresbericht über die Leistungen und Fortschritte im Gebiete der Ophthalmologie.** Tübingen.
2-20, 22-25, 31+ 1871+ Y.

- 426 **Jahresbericht über die Leistungen und Fortschritte in der gesamten Medicin.** Berlin.
Continues Jahresbericht über die Fortschritte der gesamten Medicin in allen Ländern.
1, 1866+ H.M. Y.
- 427 **Jahresberichte über die Fortschritte der Anatomie und Entwicklungsgeschichte.** Jena.
Continues the anatomical part of Jahresbericht über die Fortschritte der Anatomie und Physiologie.
1, 1892+ Y.
- 428 **Janus.** Amsterdam and Harlem.
1-11, 1896-1906. Y.B.
- 429 **Jenaische Zeitschrift für Naturwissenschaft.**
v. 1-7 have title: Jenaische Zeitschrift für Medicin und Naturwissenschaft.
1, 1864+ Y.
- 430 **Johns Hopkins hospital bulletin.** Baltimore.
1, 1889+ H.M. N.H.M. Y.B. Y. 24, 1913+
S.H. 28, 1917+ H.H.
- 431 **Johns Hopkins hospital reports.** Baltimore.
1, 1891+ H.M. N.H.M. Y.
- Johns Hopkins University. Biological laboratory.** Baltimore.
- 432 **Memoirs.** 1-5, 1887-1903. Y.
- 433 **Studies.** 1-5, 1877-93|| Y.
- 434 **Journal de chirurgie.** Paris.
14, 1917+ Y.B.
- 435 **Journal de l'anatomie et de la physiologie normales et pathologiques de l'homme et des animaux.** Paris.
1-21, 1864-85. Y.
- 436 **Journal de la physiologie de l'homme et des animaux.** Paris.
Continued by Archives de physiologie normale et pathologique.
1-6, 1858-63|| Y.
- 437 **Journal de médecine et de chirurgie pratiques à l'usage des médecins praticiens.** Paris.
56-77, 1885-1906. Y.
- 438 **Journal de médecine mentale.** Paris.
Ended with v. 10, 1870.
1-9, 1861-69. Y.
- 439 **Journal de pharmacie et de chemie.** Paris.
1st-2d ser. have title: Journal de pharmacie et des sciences accessoires.
2.s. 1-27, 1815-41; 3.s. 1-46, 1842-64; 4.s. 1-30, 1865-79; 5.s. 1-26, 1880-92; 6.s. 7-30, 1898-1909; 7.s. 1+ 1910+ Y.
- 440 **Journal de physiologie et de pathologie générale.** Paris.
1, 1899+ Y.
- 441 **Journal de psychologie normale et pathologique.** Paris.
1, 1904+ Y.
- 442 **Journal de radiologie et d'électrologie.** Paris.
3, 1918+ Y.B.

- 443 **Journal für Psychologie und Neurologie.** Leipzig.
Also called: *Zeitschrift für Hypnotismus* v. 25-30.
15-20, 1910-13. Y.
- 444 **Journal-lancet.** Minneapolis.
v. 1-25, no. 21 have title: *Northwestern lancet*; v. 25, no. 22—v. 31: *Journal of the Minnesota state medical association and the Northwestern lancet*.
27, 31+ 1907+ H.M. [29] 30-31, [32-33] 34+ 1909+
Y.
- 445 **Journal of abnormal psychology.** Boston.
Official organ of the American Psychopathological association.
1, 1906+ Y.
Journal of advanced therapeutics *see* **American journal of electro-therapeutics and radiology.**
- 446 **Journal of anatomy and physiology.** London.
1, 1867+ Y.
- 447 **Journal of animal behavior.** Cambridge, Mass.
1, 1911+ Y.
- 448 **Journal of bacteriology.** Baltimore.
1, 1916+ H.M. Y.B. Y.
- 449 **Journal of biological chemistry.** New York.
1, 1905+ H.M. Y. Y.B.
- 450 **Journal of cancer research.** Baltimore.
American association for cancer research.
1, 1916+ H.M. Y.B. Y.
- 451 **Journal of comparative medicine and veterinary archives.** Philadelphia.
v. 1 has title: *Archives of comparative medicine and surgery*. v. 2-10 have title: *Journal of comparative medicine and surgery*. Ended with v. 24, no. 5, 1903.
[1] 2-14, [15, 19], 1880-98. Y.
- 452 **Journal of comparative neurology and psychology.** Philadelphia.
v. 1-13 have title: *Journal of comparative neurology*.
1, 1891+ Y.
- 453 **Journal of cutaneous diseases including syphilis.** Chicago.
American dermatological association. v. 1-4 have title: *Journal of cutaneous and venereal diseases*; v. 5-20: *Journal of cutaneous and genito-urinary diseases*. Preceded by American journal of syphilography and Archives of dermatology.
1, 1882+ H.M. Y. 2, 5-32, 34+ 1884+ N.H.M.
2-4, 1884-86. Y.B.
- Journal of electrotherapeutics** *see* **American journal of electro-therapeutics and radiology.**
- 454 **Journal of experimental medicine.** Baltimore.
Rockefeller institute for medical research.
1, 1896+ H.M. Y. Y.B. 4, 1899+ S.H. 1-3,
1896-98. N.H.M. 1-26, 1896-1917. W.U.
- 455 **Journal of foreign medical science and literature.** Philadelphia.
Continues Eclectic repertory. In Jan. 1825 merged into American medical recorder.
3, 1823. Y.B.

- 456 **Journal of general physiology.** Baltimore.
Rockefeller institute for medical research.
1, 1918+ Y. Y.B.
- 457 **Journal of genetics.** Cambridge, Eng.
1, 1910+ A.E.S. Y.
- 458 **Journal of health.** Philadelphia.
1-4, 1829-33|| Y. 1, 1829-30. H.M.
- 459 **Journal of heredity.** Chicago.
[1] 2-3, [4], 1885-89. Y.
- 460 **Journal of heredity.** Washington, D. C.
Organ of the American genetic association. v. 1-4 have title: American breeders' magazine.
1, 1910+ Y. 5, 1914+ A.E.S.
Journal of homoeopathic clinics *see* American journal of homoeopathic materia medica and record of medical science. Philadelphia.
- 461 **Journal of hygiene.** Cambridge, Eng.
1, 1901+ Y. 16, 1917+ Y.B.
- 462 **Journal of immunology.** Baltimore.
1, 1916+ H.M. Y. Y.B.
- 463 **Journal of industrial hygiene.** New York.
1, 1919+ Y.
- 464 **Journal of inebriety.** Boston.
Official organ of the American medical association for the study of inebriety and narcotics. v. 1-28 have title: Quarterly journal of inebriety.
1-35, 1879-1913. H.M. [29] 30-31, 1907-09. Y.
- 465 **Journal of infectious diseases.** Chicago.
1, 1904+ H.M. Y. 1-19, 21+ 1904+ N.H.M.
7, 22+ 1910+ Y.B.
- 466 **Journal of laboratory and clinical medicine.** St. Louis.
1, 1915+ H.M. N.H.M. Y. Y.B. 2, 1917+ S.H.
- 467 **Journal of laryngology, rhinology and otology.** London.
7, 9-10, 12-25, 28, 1893-1913. N.H.M. 16, 1901+ Y.
- 468 **Journal of materia medica.** Terre Haute, Ind.
Ended Oct. 1896.
n.s. 1-3, 5-9 [12-21, 23-25, 31], 1859-93. Y. n.s. 1, 1859. W.U.
- 469 **Journal of medical research.** Boston.
v. 1-5 have title: Journal of the Boston society of medical sciences.
1, 1896+ H.M. Y. 1-25, 28+ 1896+ Y.B. 7, 1902+ S.H. 2-3, 1897-99. N.H.M.
- 470 **Journal of mental science.** London.
Medico-psychological association of Gt. Brit. and Ireland. v. 1-3 have title: Asylum journal of mental science.
2-14, 18-40, 61+ 1856+ Y. 22-23, 25, 27-28, 1876-83. H.M.

- 471 **Journal of Morphology.** Philadelphia.
I, 1887+ Y.
- 472 **Journal of nervous and mental diseases.** New York.
v. 1-2 have title: Chicago journal of nervous and mental disease.
I, 1874+ H.M. H.R. Y. 1-14, 17+ 1874+ S.H.
15-19, 22-41, 43+ 1890+ N.H.M.
- 473 **Journal of obstetrics and gynaecology of the British empire.**
London.
1-24, 1902-13. Y.B.
- 474 **Journal of orificial surgery.** Chicago:
Ended with v. 9, 1901.
1-3, 1893-95. Y.
- 475 **Journal of orthopaedic surgery.** Boston.
American orthopedic association; British orthopedic association. v. 1-16 have
title: American journal of orthopedic surgery.
2-12, 14+ 1904+ H.M. [1-4] 16+ 1903+ Y. [2-5]
6-11, [12-13], 1904-15. N.H.M.
- 476 **Journal of osteopathy.** Kirksville, Mo.
8, 1901+ Y.
- 477 **Journal of parasitology.** Urbana, Ill.
1, 1915+ H.M. Y.
- 478 **Journal of pathology and bacteriology.** Cambridge, Eng.
Pathological society of Gt. Brit. and Ireland.
1, 1892+ H.M. Y. 1-10, 14, 22+ 1892+ Y.B.
- 479 **Journal of pharmacology and experimental therapeutics.** Balti-
more.
1, 1909+ H.M. Y. 11, 1918+ Y.B.
- 480 **Journal of physiology.** London.
Physiological society of Great Britain.
1, 1878+ Y. 52, 1918+ Y.B. 1, 28, 33-51,
1878-1917. W.U.
- 481 **Journal of psycho-asthenics.** Faribault, Minn.
Continued in Proceedings of the American association for the study of the
feeble-minded.
1-22, 1896-1918|| Y.
- 482 **Journal of psychological medicine.** New York.
Continued as American psychological journal, which ended in May, 1876.
v. 1-3 have title: Quarterly journal of psychological medicine.
1-6, 1867-72. H.M. Y.
- 483 **Journal of psychological medicine and mental pathology.**
London.
1861-63 have title: Medical critic and psychological journal.
1-13, 1848-60; 2.s. 1-3, 1861-63; n.s. 1-8, 1875-83|| Y.
1-13, 2.s. 1, 3, 1848-63. H.M.
Journal of reconstructives, dietetics and alimentation *see* Die-
tetic and hygienic gazette.
- 484 **Journal of sociologic medicine.** Easton, Pa.
v. 1-15 have title: Bulletin of the American academy of medicine.
1, 1891+ Y. 1-15, 1891-1914. H.M.

- 485 *Journal of the outdoor life.* New York.
1, 1904+ Y. 3, 1906+ H.M. 15, 1918+ Y.B.
Journal of the Royal army medical corps see *Gt. Brit. Royal army medical corps. Journal.*
Journal of the Royal naval medical service see *Gt. Brit. Royal naval medical service. Journal.*
- 486 *Journal of tuberculosis.* Ashville, N. C.
1-5, 1899-1903|| N.H.M. 1-2, 1899-1900. H.M.
- 487 *Journal of urology.* Baltimore.
1, 1917+ H.M. Y. Y.B.
- 488 *Journal of vaccine therapy.* London.
1-2, 1912-13. H.M.
- 489 *Justus Liebigs Annalen der Chemie.* Heidelberg.
v. 1-32 have title: *Annalen der Pharmacie*; v. 33-168: *Annalen der Chemie und Pharmacie.*
1, 1832+ H.M. Y.
- 490 *Kansas medical society. Proceedings.*
1877-88, 1899. H.M.
- 491 *Kentucky state medical society. Transactions.*
1876-78, 1886-91, 1893-1900. H.M.
Khartum. Gordon memorial college see *Gordon memorial college, Khartum.*
Kings county, N. Y. Medical society see *Medical society of the county of Kings.*
- 492 *Kingston, Ont. Queen's university. Faculty of medicine. Publications.*
1-3, 6-8, 1909-1914. Y.
- 493 *Kitasato archives of experimental medicine.* Tokyo.
1, 1917+ Y.
- 494 *Klinische Monatsblätter für Augenheilkunde.* Stuttgart.
11-21, [22-35] 39+ 1873+ Y.
- 495 *Kolloid-Zeitschrift.* Dresden and Leipzig.
v. 1-12 have title: *Zeitschrift für Chemie und Industrie der Kolloide.*
1, 1906+ Y.
Kongress für innere Medizin see *Deutscher Kongress für innere Medizin.*
- 496 *Kyoto. University. Acta scholae medicinales.*
1, 1916+ Y.
- 497 *Kyushu. Imperial university. College of medicine. Mitteilungen.*
1, 1914+ Y.
Lakeside hospital, Cleveland see *Cleveland. Lakeside hospital.*
- 498 *Lancet.* London.
1823+ H.M. 1830+ Y. 1850-99, 1918+ Y.B.
1858, 1870-1901. W.P.L. 1824-31, 1833-39. W.U.

- 499 **Lancet-clinic.** Cincinnati.
v. 1-18 have title: The Western lancet. v. 19-56: The Cincinnati lancet. v. 57-91: The Cincinnati lancet-clinic. Ended with v. 116, 1916.
[1, 18, 42, 44-46, 48-49, 57, 62, 100, 102, 108-115], 1842-1916.
Y.
- 500 **Laryngoscope.** St. Louis.
4-14, 17-21, 23, 25, 1898-1915. N.H.M. 1-16 [17], 18-23,
1896-1913. Y.
- 501 **Leland Stanford junior university.** Medical dept. Bulletin.
1, 1913+ Y.
Liebigs Annalen der Chemie *see* Justus Liebigs Annalen der Chemie.
- 502 **Liverpool and Manchester medical and surgical reports.** Liverpool.
Continues Liverpool medical and surgical reports and Manchester medical and surgical reports. In July 1881 continued as Liverpool medico-chirurgical journal.
1-6, 1873-78. Y.
- 503 **Liverpool biological society.** Proceedings and transactions.
12-29, 31+ 1897+ Y.
- 504 **Liverpool medical and surgical reports.** London.
In 1873 united with the Manchester medical and surgical reports as Liverpool and Manchester medical and surgical reports.
1-5, 1867-71. Y.
Liverpool school of tropical medicine. Annals of tropical medicine and parasitology *see* Annals of tropical medicine and parasitology.
- Lloyd library, Cincinnati.** Bulletin.
- 505 Pharmacy series. 1-5, 1902-12. Y.
- 506 Reproduction series. 1-7, 1900-09. Y.
- 507 **London.** Guy's hospital. Reports.
1-3.s. 29, 1836-87. Y.
- 508 **London journal of medicine.**
Merged into Association medical journal.
1-3 [4], 1849-52|| Y.
- 509 **London lancet.** New York.
Reprint of Lancet. London.
1845-66, 1868-84, 1892. N.H.M. 1842, 1845-48, 1858-60,
1862. W.U.
- 510 **London medical and surgical journal.**
n.s. 1-3, 1832-33. Y.
- 511 **London medical gazette.**
Merged into Medical times and gazette.
1-10, 12-31, [32] 33-43, [44] 45, [46] 47-48, 1827-51|| Y.
- 512 **London medical recorder.**
1.s. has title: London medical record. v. 1, nos. 1-6 have title: Medical record.
n.s. 2-4, 1889-91|| Y. 1.s. 10-n.s. 2, 1882-89. N.H.M.

- 513 **London medical review**
1, 1808. W.U.
London medical society *see* Medical society of London.
- 514 **London. Middlesex hospital. Archives.**
2-5, 11, 14, 20-22, 25, 27-28, 32-33, 1904-14. Y.
London pathological society *see* Pathological society of London.
London. Roentgen society *see* Roentgen society, London.
- 515 **London. Royal London ophthalmic hospital. Reports.**
v. 1-8 have title: Ophthalmic hospital reports.
[1] 2-9, [10] 11-12, [13-14, 16], 1857-1906. Y.
London. Royal sanitary institute *see* Royal sanitary institute, London.
- 516 **London. St. Bartholomew's hospital. Reports.**
1-34, 36-38, 1865-1902. H.M. 1-26, 1865-90. Y.
- 517 **London. St. Thomas's hospital. Reports.**
n.s. 1-4, 7, 1870-76. Y.
- 518 **London. University. Francis Galton laboratory for national eugenics. Eugenics laboratory memoirs.**
1-6, 8-20, 1907-14. Y.
- 519 **London. University. University college hospital medical school. Research dept. Collected papers.**
3-5, 1913-16. Y.
- 520 **Long Island medical journal, Brooklyn.**
1, 1907+ Y.
- 521 **Lotos: naturwissenschaftliche Zeitschrift, hrsg. vom Deutschen naturwissenschaftlichmedizinischen Verein für Böhmen "Lotos" in Prag.**
3-5, 9-14, 16, 19, 24-41, 43-61, 1853-1913. Y.
- 522 **Louisiana state medical society. Transactions.**
1879-80, 1883, 1885-88, 1892, 1895-96, 1900-02. H.M.
- 523 **Louisville journal of medicine and surgery. Louisville, Ky.**
Merged into Western journal of medicine and surgery.
1, 1838|| Y.
- 524 **Luzerne county medical society, Pa. Transactions.**
6-7, 18-20, 1898-1912. Y. 6-7, 9, 13-19, 1898-1911.
H.M.
Lying-in-hospital, New York *see* New York (City) Lying-in-hospital.
- 525 **Maine medical association. Transactions.**
1, 3-16, 1869-1907. H.M. 1, 3, [4] 5-16, [17], 1853-1909.
Y.
- 526 **Manchester medical and surgical reports.**
In 1873 united with the Liverpool medical and surgical reports to form Liverpool and Manchester medical and surgical reports.
1-2, 1870-71. Y.

- 527 **Manchester.** University. Anatomical dept. Studies in anatomy.
v. 1-2 are Studies in anatomy from the Anatomical dept. of Owens College.
1-3, 1891-1906. Y.
- 528 **Manchester.** University. Publications. Medical series.
1-15, 1904-15. Y.
- Manhattan** eye, ear and throat hospital *see* New York (City)
Manhattan eye, ear and throat hospital.
- 529 **Maryland and Virginia** medical journal. Baltimore.
v. 1-5 have title: Virginia medical and surgical journal. v. 6-13 have title:
Virginia medical journal.
1-3, [4, 14, 16], 1853-61|| Y. 5-7, 9-13, 1855-59. W.U.
- Maryland.** Medical and chirurgical faculty *see* Medical and
chirurgical faculty of the state of Maryland.
- Massachusetts** association of boards of health. Journal *see*
American journal of public hygiene.
- Massachusetts.** Commission on mental diseases.
530 Bulletin. Boston. 1, 1917+ Y.
- 531 Report. Boston. 1, 1917+ Y.
- Massachusetts** general hospital *see* Boston. Massachusetts
general hospital.
- 532 **Massachusetts** medical society. Medical communications. Bos-
ton.
Continued in the Boston medical and surgical journal. v. 3-4 have title:
Medical dissertations.
1-15, [16] 17-18, [19] 20-24, 1790-1913|| Y. 1790, 1822, 1825,
1833-34, 1837-38, 1841-1910. H.M. 1813. W.U.
- 533 **Massachusetts** medical society. Publications. Boston.
1-3, 1856-72|| Y.
- 534 **Massachusetts** society for mental hygiene. Publications. Bos-
ton.
4-6, 9-10, 13-22, 24+ 1912+ Y.
- 535 **Massachusetts.** State board of insanity and the state institutions
for mental disease and defects. Collected contributions.
Boston.
1914, 1915. Y.
- 536 **Mayo** clinic. Rochester, Minn. Collected papers.
1-7, 9, 1905-17. N.H.M.
- 537 **Médecine moderne.** Paris.
1-17, 1890-1906. Y.
- Medical** analectic *see* Epitome of medicine.
- 538 **Medical** and agricultural register. Boston.
1, 1806-07|| Y.
- 539 **Medical** and chirurgical faculty of the state of Maryland. Trans-
actions.
1876-94, 1896, 1899-1904. H.M. 1879-96. Y.
- Medical** and philosophical commentaries *see* Medical commen-
taries.

- Medical and philosophical register *see* Philadelphia medical museum.
- 540 Medical and physical journal. London.
Continued as London medical and physical journal.
2-17, 1799-1807. Y. 27, 1812. W.U.
- 541 Medical and physical society of Bombay. Transactions.
5, n.s. 5-6, 8, 1842-63. Y.
- 542 Medical and physical society of Calcutta. Transactions.
1-8, 1825-36. Y.
- 543 Medical and surgical register. New York.
1, 1818-20|| Y.
- 544 Medical and surgical reporter. Burlington, N. J.
v. 1-8 have title: New Jersey medical reporter and Transactions of the New Jersey medical society.
[5-6] 7-9, [10-11], 1851-58|| Y.
- 545 Medical and surgical reporter. Philadelphia.
Ended with v. 78, 1898.
[1-5] 6-52, [53] 54, [55-56] 57, [58, 60] 61, [62] 63, [64] 65, [66-67, 69, 74-76], 1858-97. Y. 5-7, 16-17, 20-31, 38-53, 1860-85.
H.M. 14, 16, 18-31, 1866-77. N.H.M.
- Medical annals, Albany *see* Albany medical annals.
- 546 Medical association of Georgia. Transactions.
1877-80, 1882, 1887, 1890-92, 1894, 1900-03, 1907-08. H.M.
1872-93. Y.
- 547 Medical association of the Greater City of New York. Year-book.
1901-1910, 1912, 1913. Y.
- 548 Medical association of the Isthmian Canal Zone. Proceedings.
1908-12 have title: Canal Zone medical association.
1, 1908+ Y.
- 549 Medical association of the state of Alabama. Transactions.
1850 has title: Proceedings.
1850, 1869, 1874, 1878, 1880-82, 1884-96. Y. 1881-1900.
H.M.
- Medical bulletin of the University of Pennsylvania *see* Pennsylvania. University. Dept. of medicine. Medical bulletin.
- 550 Medical clinics of Chicago. Philadelphia and London.
After v. 2, no. 6 superseded by Medical clinics of North America.
1, [2], 1915-16. N.H.M.
- 551 Medical clinics of North America. Philadelphia and London.
Supersedes Medical clinics of Chicago.
1, 1917+ N.H.M.
- 552 Medical commentaries for 1773-95. Philadelphia.
Reprint of the English ed. pub. in Edinburgh and London, 1773-95 in 20 v.
v. 1-3, 7, have title: Medical and philosophical commentaries. Continued in 1796 by Annals of medicine.
1-10, 1773-95|| Y.

- 553 **Medical council.** Philadelphia.
1, 16+ 1896+ N.H.M. [1-4, 7-14] 15, [16], 1896-1911.
Y.
Medical critic and psychological journal *see* **Journal of psychological medicine.**
- 554 **Medical directory of New York, New Jersey and Connecticut.**
New York.
1-5, 7, 13, 1899-1911. Y.
- 555 **Medical examiner.** Philadelphia.
In 1857 merged into **North American medico-chirurgical review.**
1-3, [4-7, n.s. 1-2, 4, 8-11], 1838-55. Y. 1-4, 1838-41.
H. M.
- 556 **Medical freedom.** New York.
National league for medical freedom.
[1] 2-5, [6], 1911-17. Y.
Medical intelligencer *see* **Boston medical intelligencer.**
- 557 **Medical journal of Australia.** Sydney.
Continues Australasian medical gazette and Australian medical journal.
1, 1914+ Y.
- 558 **Medical library and historical journal.** Brooklyn.
Association of medical librarians.
1-5, 1903-07|| H.M. 3-4, 1905-06. N.H.M.
- 559 **Medical library association.** Bulletin. Baltimore.
n.s. 1, 1911+ H.M. Y.
- 560 **Medical magazine.** Boston.
1-3, 1832-35|| Y. 1, 1832. W.U.
- 561 **Medical mirror.** St. Louis.
Ended with v. 17, 1906. Merged into Medical era.
1-8, [9-12], 1890-1901. Y.
- 562 **Medical news.** Philadelphia.
v. 1-37 have title: **Medical news and library.** v. 38-39 have title: **Medical news and abstract.** Merged into **New York medical journal and Philadelphia medical journal.**
1-87, 1843-1905|| H.M. Y. 13-26, 39-78, 80-87, 1885-1905|| N.H.M. 66-67, 1895. W.P.L.
- 563 **Medical observations and inquiries.** London.
1-6, 1757-84|| Y.
- 564 **Medical Pickwick.** Saranac Lake.
1-3, 1915-17. H.M.
- Medical record.** London *see* **London medical recorder.**
- 565 **Medical record.** New York.
1, 1866+ H.M. H.R. Y. 1-62, 64-69, 71-77, 79-86, 88+ 1866+ N.H.M. 49-52, 1896-97. W.P.L.
Medical recorder of original papers *see* **American medical recorder.**

- 566 **Medical register.** Philadelphia.
Merged into Times and register.
1, [4-5] 1887-89|| Y.
- 567 **Medical register for New England.** Boston.
1877, 1880, 1884, 1888. Y.
- 568 **Medical register of New York, New Jersey and Connecticut.**
New York.
1-33, 1862-96. Y.
- 569 **Medical repository.** New York.
1-23, 1797-1824|| Y. 1-15, 1797-1812. H.M. 1-10,
1797-1807. N.H.M. 21-23, 1821-24|| Y.B. 1-16,
18-23, 1797-1824|| W.U.
- Medical review and analectic journal** *see* American medical
review and journal of original and selected papers in medicine
and surgery.
- 570 **Medical review of reviews.** New York.
v. 1-2 has title: American medical review.
[1, 3, 5] 6-15, [16] 17-18, [19] 20+ 1896+ Y. 5, 1899+
N.H.M.
- Medical society of London.**
571 Proceedings. 1-11, 1872-88. Y.
572 Transactions. 1, 1812. Y.
- 573 **Medical society of New Haven county.** Cases and observations.
1788. Y.
- 574 **Medical society of New Haven county.**
Annual meeting. 1896-1901, 1905. S.L.
Semi-annual meeting. 1894-1900, 1902-04. S.L.
- Medical society of New Jersey.** Orange, N. J.
575 Journal. [6] 7-9, [10] 11+ 1910+ Y.
576 Transactions.
Continued in the Journal of the Medical society of New Jersey.
1766-1884, 1886-90, 1893-1903|| Y. 1766-1859, 1876-82,
1885-93, 1896-1903|| H.M.
- 577 **Medical society of the county of Kings.** Brooklyn. Proceed-
ings.
1, [2] 3, [4-7] 8, 1876-84|| Y.
- 578 **Medical society of the District of Columbia.** Transactions.
1877-78, 1894. H.M. 1896-97. Y.
- 579 **Medical society of the state of California.** Transactions.
1858, 1871-72, 1875-84, 1887, 1889-95, 1898-1901. H.M.
- 580 **Medical society of the state of New York.** Transactions.
Continued in New York state journal of medicine. In 1905 the New York
state medical association consolidated with the Medical society of the state of
New York.
1807-1905|| Y. 1807-31, 1840-43, 1856-1905|| H.M.
1838-40, 1850, 1861-65, 1868-70. W.U. 1807-54, 1858-72,
1875, 1877-82, 1884, 1886-87, 1889-92, 1904-05|| N.H.M.
- 581 **Medical society of the state of North Carolina.** Transactions.
1876-81, 1886, 1889-1900, 1905, 1907. H.M.

- 582 **Medical society of the state of Pennsylvania.** Transactions. Philadelphia.
After v. 27 continued in Pennsylvania medical journal.
1877-79, 1882-86, 1888-91, 1893-94, 1896. H.M. 15, 18-26,
1883-95. Y.
- 583 **Medical society of the state of Tennessee.** Transactions. Nashville.
1878-83, 1885-95, 1897-98, 1903-04, 1906-07. H.M. 45-47,
1878-80. Y.
- 584 **Medical society of the state of Virginia.** Transactions.
1871-77, 1891-95, 1905-15. H. M.
- 585 **Medical society of the state of Washington.** Transactions.
1891, 1893-94, 1896, 1898, 1900-01. H.M.
- 586 **Medical society of the state of West Virginia.** Transactions.
1876-80, 1885, 1888, 1898-1905. H.M.
- 587 **Medical summary.** Philadelphia.
[14-16, 18, 32-34] 35, [36] 37, [38] 1910-17. Y.
- 588 **Medical times.** New York.
v. 1-2 have title: New York journal of homoeopathy; v. 3-8: Homoeopathic times; v. 9-24: New York medical times.
[5, 9, 15-17] 20+ 1878+ Y.
Medical times. Philadelphia *see* Times and register.
- 589 **Medical times and gazette.** London.
Ended with v. 68, 1885.
[1868-69] 1872-77. Y.
- 590 **Medical world.** Philadelphia.
[1-5] 6-7, [8-9, 12-16] 17, [18-20, 22-36] 1883-1918. Y.
- 591 **Medicinishe Bibliographie und Anzeiger.** Leipzig.
1-11, 1883-93|| Y.
- 592 **Medico-chirurgical journal.** London.
1-2, 1818-20|| W.U.
- 593 **Medico-chirurgical review.** (American reprint) New York.
Merged into British and foreign medico-chirurgical review.
1-51, 1820-47|| Y. 1-43, 1820-43. H.M. 1-4, n.s.
1-8, 12-13, 16-47, 1820-47|| N.H.M. 3-19, 1822-31. W.U.
- 594 **Medico-chirurgical society of Edinburgh.** Transactions.
3, 1828. W.U.
Medico-chirurgical transactions. London. *see* Royal medical and chirurgical society of London. Medico-chirurgical transactions.
- 595 **Medico-legal journal.** New York.
Medico-legal society of New York.
1-25, 1883-1908. H.M. 1-12, 35+ 1883+ S.H. 1-2,
[3] 4-12, [13-14, 19, 24-28] 29, [31] 1883-1913. Y.
Medizinalstatistische Nachrichten *see* Prussia. Statistisches Landesamt. Medizinalstatistische Nachrichten.

- 596 **Medizinisch-naturwissenschaftliches Archiv: Zeitschrift für die gemeinsamen Forschungsergebnisse der klinischen Medizin.** Berlin.
1-2, 1907-10|| Y.
- 597 **Medizinische Klinik.** Berlin.
1, 1904+ Y.
- 598 **Mental hygiene.** New York.
1, 1917+ H.M. S.H. Y.
- 599 **Merck, E. E. Merck's annual report of recent advances in pharmaceutical chemistry and therapeutics.** Darmstadt.
Translation of the German edition.
8, 1894+ Y.
Merck's bulletin *see* American medico-surgical bulletin.
Michigan anti-tuberculosis association bulletin *see* Michigan out of doors.
- 600 **Michigan out of doors.** Ann Arbor.
v. 1-6 have title: Michigan anti-tuberculosis association. Bulletin.
[2] 3+ 1913+ Y.
- 601 **Michigan state association for the prevention and relief of tuberculosis.** Annual report. Ann Arbor.
1-4, 1908-11. Y.
- 602 **Michigan state medical society.** Transactions.
1869-87, 1889-96. H.M.
- 603 **Michigan. University. Clinical society.** Transactions.
1-6, 1909-15. N.H.M.
- 604 **Michigan. University. Contributions.** Obstetrics and gynecology.
1, 1893-1905|| Y.
- 605 **Michigan. University. Pathological laboratory.** Contributions. Reprints.
1-3, 5-7, 1896-1916. Y.
- 606 **Microscope.** Ann Arbor.
[3-5] 6, [7] 8-12, n.s. 1-4, 1883-96. Y. 4-5, 1884-85.
H.M.
Middlesex hospital, London *see* London. Middlesex hospital.
- 607 **Military surgeon, Washington.**
v. 1-19 have title: Journal of the Association of military surgeons.
2, 10+ 1892+ Y. 42, 1918+ Y.B. 2-4, 8-37, 1892-1915. N.H.M.
Minnesota state medical association. Journal *see* Journal-lancet.
- 608 **Minnesota state medical society.** Transactions.
Continued in Journal of the Minnesota state medical association.
1877-87, 1889, 1892-93, 1901-04. H.M.
- 609 **Mississippi state medical association.** Transactions.
1877-79, 1880-88, 1890-92, 1902-03, 1908. H.M.

- Missouri state medical association.** St. Louis.
 610 Journal. [7] 8-10, [11-12] 13+ 1910+ Y.
 611 Transactions. 1876-83, 1885-97, 1900-03. H.M. 31, 34, 36,
 38, 1888-95. Y.
- 612 **Missouri. University. Bulletin. Medical series.** Columbia.
 1, 1913+ Y.
- 613 **Mitteilungen aus den Grenzgebieten der Medizin und Chirurgie.**
 Jena.
 1, 1896+ H.M. 2-3, 5+ 1897+ Y.
- Mitteilungen aus der chirurgischen Klinik zu Tübingen** *see* Bei-
 träge zur klinischen Chirurgie.
- Mitteilungen aus der medizinischen Fakultät der K. Universität**
 Kyushu *see* Kyushu. Imperial university. College of medi-
 cine. Mitteilungen.
- 614 **Mitteilungen zur Geschichte der Medizin und der Naturwissen-**
 schaften. Hamburg.
 1, 1902+ H.M. 1-6, 1902-07. Y.
- Mobile medical and surgical journal** *see* Gulf states journal of
 medicine and surgery.
- 615 **Modern hospital.** St. Louis.
 1, 1913+ H.M. 10, 1918+ S.H.
- 616 **Monatsberichte für Urologie.** Berlin.
 Merged into Zeitschrift für Urologie. v. 1 has title: Vierteljahreshenriche
 über die Gesamtleistungen auf dem Gebiete der Krankheiten des Harn-
 und Sexual-Apparates; v. 2-5: Monatsberichte "über die Gesamtleistun-
 gen", etc.
 1-10, 1896-1905|| Y.
- Monatsberichte über die Gesamtleistungen auf dem Gebiete der**
Krankheiten des Harn- und Sexual-Apparates *see* Mo-
 natsberichte für Urologie.
- 617 **Monatshefte für praktische Dermatologie.** Hamburg and Leip-
 zig.
 Later volumes have title: Dermatologische Wochenschrift. Supplement has
 title: Dermatologische Studien.
 1-50, 1882-1910. Y.
- 618 **Monatsschrift für Geburtshülfe und Gynäkologie.** Berlin.
 1, 1895+ Y. 17-38, 1903-13. Y.B.
- 619 **Monatsschrift für Geburtskunde und Frauenkrankheiten.** Berlin.
 Merged into Archiv für Gynaekologie. v. 7-34 contain Verhandlungen der
 Gesellschaft für Geburtshülfe.
 11-14, 26-34, 1858-69|| Y.
- 620 **Monatsschrift für Kinderheilkunde.** Leipzig.
 1, 1902+ Y.
- 621 **Monatsschrift für Ohrenheilkunde und Laryngo-Rhinologie.**
 Berlin.
 v. 1-42 have title: Monatsschrift für Ohrenheilkunde sowie für Kehlkopf-
 Nasen- Rachenkrankheiten.
 [14-15] 19+ 1880+ Y. 28-43, 1894-1909. N.H.M.

- 622 **Monthly** abstract of medical science. Philadelphia.
Merged into Medical news and abstract.
1-6, 1874-79|| N.H.M. Y. 1-3, 1874-76. H.M.
- 623 **Monthly** cyclopaedia and medical bulletin. Philadelphia.
v. 1-6 have title: Satellite of the Annual of the universal medical sciences;
v. 7-11: Universal medical journal; v. 12-22, no. 4: Monthly cyclopaedia
of practical medicine.
1-5, [6-7] 8-12, [13] 14-18, [19-21] 22-28, 1887-1914. Y. 7.
12-21, 24, 27, 1893-1913. N.H.M.
- 624 **Monthly** journal of foreign medicine. Philadelphia.
Published also under title: Spirit of the European medical journals.
1-3, 1828-29|| Y. Y.B. 1, 1828. H.M.
- 625 **Monthly** journal of medicine. Hartford.
1-6, 1823-25|| Y. Y.B.
- Morphologisches** Jahrbuch *see* Gegenbaurs morphologisches
Jahrbuch.
- 626 **Münchener medizinische Wochenschrift**. Munich.
v. 1-32 have title: Aerztliches Intelligenz-Blatt.
2, 1855+ Y. 54, 1907. H.M. 55-57, 1908-10.
Y.B.
- Murphy** clinics *see* Clinics of John B. Murphy.
- 627 **National** academy of sciences, Washington. Proceedings.
1, 1915+ Y. 4, 1918+ Y.B.
- National** association for the study and prevention of tuberculosis
see National tuberculosis association.
- 628 **National** association for the study of epilepsy and the care and
treatment of epileptics. Transactions.
1, 4, 1901-06. Y.
- 629 **National** committee for mental hygiene. Publications. New
York.
1, 1912+ Y.
- 630 **National** committee for the prevention of blindness. Publica-
tions. New York.
1, 1915+ Y.
- 631 **National** confederation of state medical examining and licensing
boards. Proceedings.
Succeeded by Federation of state medical boards of the U. S.
19-20, 1909-10|| Y.
- National** conference of state boards of health *see* Conference of
state and provincial boards of health of North America.
- 632 **National** conference on race betterment. Proceedings.
1, 1914. Y.
- 633 **National** league for physical education and improvement.
Annual report. London.
1-2, 5, 1906-10. Y.
- 634 **National** medical association. Journal. Tuskegee, Ala.
[3] 4+ 1911+ Y.

- 635 **National** quarantine and sanitary convention. Proceedings.
2-4, 1858-60. Y.
- National tuberculosis association.**
Before April 1918 this society was called: National association for the study
and prevention of tuberculosis.
- 636 **Bulletin.** New York.
1, 1914+ Y. 4, 1918+ Y.B.
- 637 **Transactions.**
1, 1905+ H.M. 1-11, 1905-15. Y 1-4, 6-10,
1905-14. N.H.M.
- 638 **Nebraska** state medical association. Proceedings.
1874-80, 1883-87, 1891-94, 1899-1902. H.M.
- 639 **Neue deutsche Chirurgie.** Stuttgart.
Continues Deutsche Chirurgie.
1, 1912+ Y.
- Neue Notizen aus dem Gebiete der Natur- und Heilkunde** *see*
Notizen aus dem Gebiete der Natur- und Heilkunde.
- 640 **Neurographs.** Brooklyn.
1, 1907-15. Y.
- 641 **Neurological bulletin.** New York.
1, 1918+ S.H.
- 642 **Neurologisches Zentralblatt.** Leipzig.
[1, 8] 9, [10, 23] 27+ 1882+ Y.
- 643 **New England** journal of medicine and surgery. Boston.
Continued as New England medical review and journal.
1-15, 1812-26|| Y. Y.B. 1-14, 1812-25. H.M.
1-9, 12-15, 1812-26|| W.U.
- 644 **New England** medical gazette. Boston.
1-6, [7-8] 9, [14, 16, 19, 21-22, 26, 27] 1866-92. Y.
- 645 **New England** medical monthly. Boston.
Merged into American practitioner.
[1-2] 3-12, [13-23] 24, [25-31], 1881-1912|| Y.
3-8, 1883-89. H.M. 1-6, 1881-87. N.H.M.
- 646 **New England** medical review and journal. Boston.
Continues New England journal of medicine and surgery. Merged into Boston
Medical and surgical journal.
1, 1827|| H.M. Y. Y.B.
- 647 **New England** quarterly journal of medicine and surgery.
Boston.
1, 1842-43|| Y.
- 648 **New England** surgical society. Transactions.
1, 1916+ Y.
- 649 **New Hampshire** medical society. Transactions.
64-74, 77-86, 88-122, 126+ 1854+ Y. 1791-1853, 1876-1911,
1913-14. H.M.
- 650 **New Haven** county anti-tuberculosis association. Annual report.
New Haven.
1, 1905+ S.L. 1-7, 9-12, 14+ 1905+ Y.

- New Haven county medical society *see* Medical society of New Haven county.
- New Jersey medical reporter *see* Medical and surgical reporter, Burlington, N. J.
- New Jersey medical society *see* Medical society of New Jersey.
- 651 New London medical journal. London.
1-2, 1792-93. Y.
- 652 New Orleans medical and surgical journal. New Orleans.
v. 1-2, no. 1, have title: New Orleans medical journal; v. 22-23: New Orleans journal of medicine.
[1-3, 6, 11, 16-18, n.s. 14, 23, 49, 57, 67] 69+ 1844+ Y.
New preparations *see* Therapeutic digest.
- 653 New remedies. New York.
Continued as American druggist.
1-12, 1871-83. Y. 2-7, 10-11, 1872-82. H.M.
- New Sydenham society, London.
- 654 Biennial retrospect of medicine, surgery, and their allied sciences.
Preceded by its Yearbook.
1865-74|| Y.
- 655 Yearbook of medicine, surgery, and their allied sciences.
Continued as its Biennial retrospect.
1859-64|| Y. 1859-62. W.U.
- 656 New York (City) Bellevue and allied hospitals. Medical and surgical report.
1-5, 7-13, 1904-14. Y.
- New York (City) College of physicians and surgeons *see* Columbia university. College of physicians and surgeons.
- 657 New York (City) Lying-in-hospital. Bulletin.
[2, 4-5] 6-8, [9] 10+ 1905+ Y. [6] 7, [8-11], 1910-17. N.H.M.
- 658 New York (City) Manhattan eye, ear and throat hospital. Reports.
1, 4-6, 8-14, 1894-1913. Y.
- 659 New York (City) Mount Sinai hospital. Reports.
1-5, 1898-1906. N.H.M. 3, 5, 1901-06. Y.
- 660 New York (City) New York eye and ear infirmary. Reports.
[1-2, 4] 5-6, 10, 1893-1902. Y.
- 661 New York (City) Presbyterian hospital. Medical and surgical reports.
1, 1896+ N.H.M. Y.
- 662 New York (City) St. Luke's hospital. Medical and surgical reports.
1, 1909+ H.M. Y.
- 663 New York academy of medicine. Bulletin.
Continued as its Transaction.
1, [2] 3-4, 1860-71|| Y. 1, 1860. W.U.

- 664 Proceedings.
1875. Y.
- 665 Transactions.
[1-2] 3, 2.s. 1-13, 1851-1901. Y. 2.s. 1-10, 12, 1871-96.
H.M.
- New York journal of gynaecology and obstetrics** *see* American gynaecological and obstetrical journal.
- New York journal of homoeopathy** *see* American journal of homoeopathy; Medical times, New York.
- 666 **New York journal of medicine.**
v. 1—n.s. 16 have title: New York journal of medicine and the collateral sciences. Continued as American medical times.
1-10, n.s. 1-16, 3.s. 1-8, 1843-60. Y. n.s. 1-3, 1848-49.
N.H.M. 1-10, n.s. 1-7, 14, 3.s. 1, 3-7, 1843-59. W.U.
- 667 **New York journal of medicine and surgery.**
1-4, 1839-41|| Y. W.U.
- 668 **New York medical and philosophical journal and review.**
1-3, 1809-11|| Y. 1-2, 1809-10. Y.B. 3, 1911||
W.U.
- 669 **New York medical and physical journal.**
1-5, [6-7] 1822-28. Y. 2-3, 5-7, 1823-28. Y.B. 2-9,
1823-30|| W.U.
- 670 **New York medical and surgical reporter.**
1, 1845. W.U.
- 671 **New York medical gazette.**
1-2, 1841-42|| Y.B. W.U.
- New York medical gazette and journal of health** *see* American medical gazette.
- New York medical inquirer** *see* American lancet.
- 672 **New York medical journal.**
1-2, 1830-31|| W.U.
- 673 **New York medical journal.**
In 1903 the Philadelphia medical journal, and in 1906 the Medical news were united with this journal.
1, 1865+ Y. 2, [4] 7+ 1866+ H.M. 69-70, 78+
1899+ S.H. 72-73, 1900. W.P.L. 46-72, 1887-1900.
Y.B. 20-21, 23-28, 30-37, 39-85, 87-95, 97-99, 101-102, 104,
106+ 1874+ N.H.M.
- 674 **New York medical press.**
Merged into American medical times.
n.s. 1, 3, 1859-60|| W.U.
- 675 **New York medical repository.**
6-8, 1820-24. Y.
- New York medical society** *see* Medical society of the state of New York.
- 676 **New York medical times.**
Merged into New York journal of medicine.
1-5, 1851-56|| Y. 1-3, 5, 1851-56|| W.U.

- New York medical times**, 1873- *see* Medical times, New York.
- 677 **New York medico-chirurgical bulletin.**
 Ended with v. 2, 1832.
 1, 1831. W.U.
- 678 **New York obstetrical society. Transactions.**
 1875-78, 1906-16. N.H.M. 1906-16. H.M.
- 679 **New York pathological society. Proceedings.**
 v. 1-3 have title: Transactions.
 1875-1900, n.s. [1] 2-6, 8-10 [11] 12+ 1901+ Y. 1-3,
 1875-79. H.M.
- New York physico-medical society** *see* Physico-medical society
 of New York.
- 680 **New York polyclinic.**
 Continues Doctor's weekly. Ended with v. 12, 1898.
 [1] 2-4, [5-6] 7-8, [10], 1893-97. Y.
- 681 **New York (State) Cancer laboratory. Annual report.** Albany.
 4, 6-7, 1902-06. Y.
- 682 **New York (State) Commission in lunacy. State hospitals bul-
 letin.** Utica, N. Y.
 2, 1890+ Y.
- 683 **New York state journal of medicine.**
 Official organ of the New York state medical association, which in 1905 con-
 solidated with the Medical society of the state of New York.
 [1-6] 7-9, [10-11] 13+ 1901+ Y.
- 684 **New York state medical association. Transactions.** New York.
 After v. 16, 1899, Transactions continued in New York state journal of
 medicine.
 1-16, 1884-99. H.M. 1-3, 13, 1884-96. N.H.M.
 1-8, 1884-92. Y.
- 685 **New York surgical society. Transactions.**
 1, 1912. N.H.M.
- 686 **Nordamerikanischer Monatsbericht für Natur- und Heilkunde.**
 Philadelphia.
 1-4, 1850-52|| Y.
- 687 **North American archives of medical and surgical science.** Balti-
 more.
 Ended with v. 2, 1835.
 1, 1834. W.U.
- 688 **North American journal of homoeopathy.** New York.
 v. 1-3 have title: North American homoeopathic journal.
 1-19, [22, 34-35, 37, 40, 57-58] 1851-1910. Y.
- 689 **North American medical and surgical journal.** Philadelphia.
 1, 3-12, 1826-31|| W.U.
- North Carolina medical society** *see* Medical society of the state
 of North Carolina.
- Northwestern lancet** *see* Journal-lancet.

- 690 **Notizen aus dem Gebiete der Natur- und Heilkunde.** Weimar.
2d ser. has title: Neue Notizen aus dem Gebiete der Natur- und Heilkunde.
Continued as Tagesherichte über die Fortschritte der Natur- und Heilkunde.
1-50, 2.s. 1-40, 3.s. 1-11, 1821-49|| Y.
- 691 **Nouvelle iconographie de la Salpêtrière.** Paris.
1-26, 1888-1913. H.M. 1-22, 1888-1909. Y.
- 692 **Oberhessische Gesellschaft für Natur- und Heilkunde, Giessen.**
Bericht.
New ser. pub. in two sections: Medizinische Abteilung und Naturwissen-
schaftliche Abteilung.
2-4, 7-34, 1847-1905; n.s. Med. Abt.: 1-5, 7-8, 1906-13; Natur-
wissenschaftliche Abt.: 1-5, 1904-12. Y.
- 693 **Obstetrical journal of Great Britain and Ireland.** London.
3-8, 1875-80|| Y.B.
- 694 **Obstetrical society of London. Transactions.**
In 1907 united with other British medical societies to form Royal society
of medicine.
1-33, 1859-91. Y. Y.B. 9-11, 19, 1867-77. N.H.M.
- 695 **Odontological society of Great Britain. Transactions.**
v. 1-2 have title: Odontological society of London. In 1907 united with
other British medical societies to form Royal society of medicine.
1-6, n.s. 1-26, 1856-94. Y.
- Odontological society of London** *see* **Odontological society of
Great Britain.**
- 696 **Oeffentliche Gesundheitspflege.** Braunschweig.
Organ des Deutschen Vereins für öffentliche Gesundheitspflege. v. 1-47 have
title: Deutsche Vierteljahrsschrift für öffentliche Gesundheitspflege.
33, 1901+ Y.
- 697 **Ohio state medical society. Transactions.**
1856-60, 1867, 1869-77, 1879, 1886-92, 1894-1900. H.M.
- 698 **Oklahoma state medical association. Journal.** Muskogee.
1-6, 1908-14. Y.
- 699 **Old Dominion journal of medicine and surgery.** Richmond.
7-15, 17-21, [22] 1908-16. Y.
- Ontario medical journal** *see* **Dominion medical monthly and
Ontario medical journal.**
- Ophthalmic hospital reports** *see* **London. Royal London
ophthalmic hospital. Reports.**
- 700 **Ophthalmic record.** Chicago.
1-8, 1891-99. H.M.
- 701 **Ophthalmic review.** London.
1-6, 1882-87. H.M.
- 702 **Ophthalmological society of the United Kingdom. Transactions.**
London.
10-27, 1889-1907. H.M.
- 703 **Ophthalmologische Gesellschaft, Heidelberg. Bericht.** Stutt-
gart.
Continues Sitzungsberichte, preceded by Verhandlungen. Supplement to
Klinische Monatshätter für Augenheilkunde.
7-10, 12-21, 23-24, 1873-95. Y.

- 704 **Ophthalmology.** Seattle.
1, [2] 3-8, 1904-12. Y.
- 705 **Oregon state medical society.** Transactions.
1876-85, 1888-91, 1894-95, 1897. H.M.
- 706 **Otho S. A. Sprague memorial institute,** Chicago. Studies.
1, 1911+ Y.
- Owens college,** Manchester, Eng. Anatomical dept. Studies in anatomy *see* Manchester. University. Anatomical dept. Studies in anatomy.
- 707 **Pacific medical journal.** San Francisco.
v. 1-31 have title: Pacific medical and surgical journal. Ended?
[1-7, 29-30, 38-39] 40, [41-42] 43-60, 1858-1917. Y.
- 708 **Pan American medical congress.** Transactions.
1, 3, 1893-1901. H.M. 1, 1893. N.H.M. Y. W.U.
- 709 **Parasitology,** a supplement to the journal of hygiene. Cambridge, Eng.
1, 1908+ Y.
- Paris.** Institut Pasteur *see* Institut Pasteur, Paris.
- 710 **Pathological society of London.** Transactions.
United with other British medical societies to form Royal society of medicine.
15-58, 1863-1907|| Y. 16-35, 1865-84. Y.B.
- 711 **Pathological society of Philadelphia.** Transactions.
v. 1-3 called Proceedings.
4-9, 1871-80. H.M.
- 712 **Pediatrics.** New York.
[1, 3-4] 5-13, [14-16, 18-22] 1896-1910. Y.
1-14, 1896-1902. N.H.M.
- Pennsylvania hospital** *see* Philadelphia. Pennsylvania hospital.
- 713 **Pennsylvania medical journal.** Athens, Pa.
1, 1897+ H.M. 21, 1918+ Y.
- Pennsylvania medical society** *see* Medical society of the state of Pennsylvania.
- Pennsylvania.** University.
714 Dept. of medicine. Medical bulletin.
v. 1-13 have title: University medical magazine.
1-3, 9-10, [11] 13-23, 1888-1911|| Y. 1-6, 1888-94.
N.H.M.
- 715 Dept. of neurology. Laboratory of neuropathology. Contributions.
1-7, 1905-14. Y.
- 716 **William Pepper laboratory of clinical medicine.** Contributions.
1, 4+ 1900+ Y.
- Wistar institute of anatomy and biology.** Memoirs. *see* American anatomical memoirs.
- Pflügers Archiv für die gesammte Physiologie** *see* Archiv für die gesammte Physiologie.

- 717 **Pharmaceutical Journal and transactions.** London.
Official organ of the Pharmaceutical society of Great Britain.
1-2, 1841-59; 2.s. 1-18, 1859-70; 3.s. 1-12, 1870-82. Y.
Philadelphia college of pharmacy. Journal *see* American journal of pharmacy.
Philadelphia. College of physicians *see* College of physicians of Philadelphia.
- 718 **Philadelphia county medical society.** Proceedings.
1-3, 8, 17-26, 1878-1905|| Y.
- 719 **Philadelphia.** Hospital of the Protestant Episcopal church.
Medical and surgical reports.
1, 1913+ Y.
- 720 **Philadelphia journal of the medical and physical sciences.**
Continued as American journal of the medical sciences.
1-14, 1820-27|| Y. 3-6, 1821-23. Y.B. 1-13, 1820-26. W.U.
- 721 **Philadelphia medical and physical journal.**
1-3, 1804-08|| Y. 1, 1804, H.M. [1-2] 1804-06.
Y.B. 1-2, 1804-06. W.U.
- 722 **Philadelphia medical journal.**
Merged into New York medical journal.
1-11, 1898-1903|| H.M. N.H.M. Y. 3-6, 1899-1900.
W.P.L. 5-6, 1900. Y.B.
- 723 **Philadelphia medical museum.**
Includes Medical and philosophical register.
1-6, n.s. 1, 1805-11|| Y. n.s. 1, 1811|| Y.B. 1-2, 6,
n.s. 1, 1805-11|| W.U.
Philadelphia medical times *see* Times and register.
Philadelphia pathological society *see* Pathological society of Philadelphia.
- 724 **Philadelphia.** Pennsylvania hospital. Ayer clinical laboratory.
Bulletin.
1-6, 1903-10. H.M. Y.
- 725 **Philippine journal of science.** Manila.
1, 1906+ Y.
- 726 **Physico-medical society of New York.** Transactions.
1, 1817|| Y. Y.B. W.U.
- 727 **Physikalisch-medicinische Gesellschaft, Würzburg.** Sitzungsberichte.
1852-59 bound with its Verhandlungen, v. 1-10; 1860-66 bound with Würzburger naturwissenschaftliche Zeitschrift, v. 1-6.
1852-1906. Y.
- 728 **Physikalisch-medicinische Gesellschaft, Würzburg.** Verhandlungen.
Includes the society's Sitzungsberichte 1852-59 and the Jahresbericht 1850-60.
1-10, 1850-60. Y.

- 729 **Physiological abstracts.** London.
1, 1916+ Y.
- 730 **Polk's medical register and directory of North America.** De-
troit.
1-11, 1886-1910. Y.
- 731 **Post-graduate.** New York.
[1, 4-9, 12] 13-29, [30] 1885-1915|| Y.
- 732 **Practitioner.** London.
1, 1868+ H.M. 1-48, 66+ 1868+ Y.
- 733 **Prager medizinische Wochenschrift.**
1-16, 19, 21-28, 1876-1903. Y.
- 734 **Prescription.** Danbury, Conn.
Continues Therapeutic analyst. In 1897 merged into New England medical
monthly forming New England medical monthly and the Prescription.
2, 4-5, 1892-95. N.H.M.
- 735 **Presse médicale.** Paris.
1, 1893+ Y. 2-3, 5-15, 18+ 1894+ H.M.
- 736 **Princeton university.** Publications: Contributions from the bio-
logical laboratories.
2, 1908+ Y. 3, 1912+ W.U.
- 737 **Progrès médical.** Paris.
1-15, [37, 39, 40] 1873-1912. Y.
- 738 **Progressive medicine.** Philadelphia.
1, 1899+ H.M. Y. 1-5, 1899-1903. B.H. 9-19,
1907-17. Y.B.
- 739 **Providence medical journal.**
Continued by Rhode Island medical journal.
15-17, 1914-16|| N.H.M. [3-5] 6, [7-8] 9-17, 1902-16||
Y.
- 740 **Provincial medical and surgical journal.** London.
Merged into Association medical journal.
9-16, 1845-52|| Y.
- 741 **Prussia.** Statistisches Landesamt. Medizinalstatistische Nach-
richten. Berlin.
1, 1909+ Y.
- 742 **Psychological clinic.** Philadelphia.
1, 1907+ Y.
- 743 **Psychotherapy.** New York.
1-3, 1908-09. Y.
- 744 **Quarterly cumulative index to current medical literature.** Chi-
cago.
1, 1916+ Y. 2, 1917+ Y.B.
Quarterly epitome of American practical medicine *see* Epitome:
a monthly retrospect.
- 745 **Quarterly homoeopathic journal.** Boston.
1-2, 1849-50. Y.

- 746 **Quarterly journal of experimental physiology.** London.
1, 1908+ Y.
- 747 **Quarterly journal of medicine.** Oxford.
1, 1907+ H.M. Y. Y.B.
- 748 **Quarterly journal of microscopical science.** London.
1, 1852+ Y.
Quarterly journal of psychological medicine *see* Journal of psychological medicine.
- Queen's university** *see* Kingston, Ont. Queen's university.
- 749 **Radium.** Paris.
1-10, [11] 1904-14. Y.
- 750 **Radium.** Pittsburg.
[1-3] 4-7, [8] 9-10, [11+] 1913+ Y. [10+] 1917+ Y.B.
- 751 **Ramazzini: giornale italiana di medicina sociale.** Florence.
1, 1907+ Y.
- 752 **Register and library of medical and chirurgical science.** Washington.
1, 1835. Y.B.
- 753 **Retrospect of practical medicine and surgery.** American ed. New York.
Ended with v. 123, 1901.
1-30, 68-74, 105, 1840-92. N.H.M. 1-35, 39-40, 47-48, 56-81, 1840-80. H.M. 1-106, 114, 1840-97. Y.
- 754 **Review of neurology and psychiatry.** Edinburgh.
3, 1905+ S.H.
- 755 **Review of war surgery and medicine.** Washington.
1, 1918+ Y. Y.B. W.U.
- 756 **Revue d'orthopédie.** Paris.
1-10, 2.s. 1-10, 1890-1909. Y.
- 757 **Revue de chirurgie.** Paris.
23, 1901+ Y.
- 758 **Revue de gynécologie et de chirurgie abdominale.** Paris.
1-13, 1897-1909. Y.
- 759 **Revue de médecine.** Paris.
1, 1881+ Y.
- 760 **Revue de médecine tchèque.** Prague.
1, 1909+ Y.
- 761 **Revue de sciences médicales en France et à l'étranger.** Paris.
1-52, 1873-98|| Y.
- 762 **Revue générale d'histologie.** Paris.
1-4, 1904-11. Y.
- 763 **Revue générale de clinique et de thérapeutique.** Paris.
3-14, 1889-1900. Y.
- 764 **Revue interalliée pour l'étude des questions intéressant les mutilés de la guerre.** Paris.
1, 1918+ Y.

- 765 **Rhode Island medical journal.** Providence.
 Rhode Island medical society. Continues Providence medical journal.
 1, 1917+ N.H.M. Y.
- Rhode Island medical science monthly** *see* Atlantic medical weekly.
- 766 **Rhode Island medical society. Transactions.**
 v. 2 includes Transactions for 1877-82.
 1861-88, 1890-1910. H.M. 1-2, [3-8] 1859-1910. Y.
- Richmond and Louisville medical journal** *see* Gaillard's southern medicine.
- Richmond medical journal** *see* Gaillard's southern medicine.
- Rio di Janeiro. Instituto Oswaldo Cruz** *see* Instituto Oswaldo Cruz, Rio di Janeiro.
- 767 **Rockefeller foundation. International health board. Annual report.**
 1, 1913+ Y.
- Rockefeller institute for medical research, New York.**
- 768 Monographs. 1, 1910+ Y.
- 769 Studies. 1-2, 6+ 1904+ Y. 1, 3+ 1904+ W.U.
- 770 **Roentgen society, London. Journal.**
 1-12, 1904-16. Y.
- Roentgen society, London. Transactions** *see* Archives of radiology and electrotherapy.
- Royal army medical corps** *see* Gt. Brit.-Royal army medical corps.
- Royal London ophthalmic hospital** *see* London. Royal London ophthalmic hospital.
- 771 **Royal medical and chirurgical society of London. Medico-chirurgical transactions.**
 Ended with v. 90, 1907, uniting with other British medical societies to form Royal society of medicine.
 1-69, 71-75, 77, 1809-94. Y.
- 772 **Royal microscopical society. Journal. London.**
 1, 1878+ Y.
- Royal naval medical service** *see* Gt. Brit. Royal naval medical service.
- 773 **Royal sanitary institute, London. Journal.**
 v. 1-2 have title: Report of the 3d-4th congress of the Sanitary institute of Great Britain, being v. 1-2 of the Transactions. v. 3-14 have title: Transactions.
 1-17, 1879-96. Y.
- Royal society of London.**
- 774 Philosophical transactions.
 1-10, 13-18, 20-24, 31-32, 34-35, 40, 43+ 1665+ Y.
 Abridged edition. 1-18, 1665-1800. Y.
- 775 Proceedings. 1, 1800+ Y. W.U.
- 776 Malaria committee. Reports. 1-8, 1900-03. Y.
- 777 Sleeping sickness commission. Reports. 1-6, 1903-05. Y.

- 778 **Royal society of medicine.** London. Proceedings.
1, 1907+ H.M. Y.
St. Bartholomew's hospital, London *see* London. St. Bartholomew's hospital.
- 779 **St. Paul medical journal.**
Merged into Minnesota medicine.
1-19, 1899-1917|| Y. 14-15, 18-19, 1914-17|| N.H.M.
St. Thomas's hospital, London *see* London. St. Thomas's hospital.
- 780 **Sammlung klinischer Vorträge,** Leipzig.
Chirurgie. 1-111, n.s. 1-169, 1870-1910. Y.
Gynäkologie. 1-62, 1870-90. Y.
Innere Medicin. 1-92, n.s. 63, 204, 1870-1911. Y.
- 781 **Sammlung von Abhandlungen** aus dem Gebiete der pädagogischen Psychologie und Physiologie.
1-8, 1897-1906|| Y.
- 782 **Sanitarian.** New York.
Merged into Popular science monthly. April 1876-78 organ of the Medical legal society.
1-52, 1873-1904|| Incomplete. Y. 1, 4-5, 7, 12-15, 1873-85. H.M.
Sanitary institute of Great Britain *see* Royal sanitary institute, London.
- 783 **Sanitary news.** Chicago.
[1] 2-3, [4-6] 7-11, [12-14] 15-18, [19] 1883-92|| Y.
- 784 **Sanitary record.** London.
Continuation of Public health.
1-2, 1869; 1-10, n.s. 1-2, [3-6] 7, [8] 1874-86. Y.
- 785 **Saranac laboratory for the study of tuberculosis.** Studies.
1900-11. Y.
Satellite of the Annual of the universal medical sciences *see* Monthly cyclopaedia and medical bulletin.
- 786 **Scalpel.** New York.
1-7, [8] 9-12, 1849-61|| Y.
- 787 **Schmidts Jahrbücher der in- und ausländischen gesammten Medicin.** Bonn.
v. 1-40 have title: Jahrbücher der in- und ausländischen gesammten Medicin.
1, 1834+ Y.
- 788 **Science.** New York.
1, 1883+ Y. n.s. 41, 1915+ Y.B.
- 789 **Semaine médicale.** Paris.
1, 1881+ H.M. 21, 1901+ Y.
- 790 **Sendai.** Imperial university. Anatomical institute. Arbeiten.
1, 1918+ Y.
- 791 **Skandinavisches Archiv für Physiologie.** Leipzig.
1-32, 34+ 1889+ Y.

- 792 **Social hygiene.** New York.
American social hygiene association.
1, 1914+ Y.
- 793 **Social hygiene bulletin.** New York.
American social hygiene association.
1, 1914+ Y.
- 794 **Société d'hydrologie médicale de Paris.** Annales.
1-32, 1854-87. Y.
- 795 **Société de biologie, Paris.** Comptes rendus.
1-18, 45+ 1849+ Y. 81, 1918+ Y.B.
- 796 **Société française de dermatologie et de syphiligraphie, Paris.**
Bulletin.
1-22, 1890-1911. Y.
- 797 **Société française d'ophtalmologie.** Bulletins et memoires. Paris.
21-25, 1904-08. H.M.
- 798 **Société internationale de chirurgie.** Procès-verbaux. Brussels.
1-3, 1905-11. H.M.
- 799 **Société médicale des hôpitaux de Paris.** Bulletins et mémoires.
3.s. 42, 1918+ Y.
- 800 **Society for experimental biology and medicine, New York.** Pro-
ceedings.
1, 1903+ Y. 11, 1913+ Y.B.
- 801 **Society for the improvement of medical and chirurgial knowl-
edge, London.** Transactions.
1-2, 1793-1800. Y.
- 802 **South Carolina medical association.** Transactions.
1875-78, 1880, 1882-83, 1885-87, 1889-92, 1903-06. H.M.
- 803 **South Dakota state medical association.** Proceedings.
1882-92, 1903-06. H.M.
- 804 **Southern California practitioner.** Los Angeles.
[25-26] 27+ 1910+ Y. 32, 1917+ Y.B.
- 805 **Southern medical journal.** Nashville.
[3] 4-9, 1910-16. Y.
- Southern medicine and Gaillard's medical journal** *see* Gaillard's
southern medicine.
- Spirit of the European medical journals** *see* Monthly journal
of foreign medicine.
- Sprague memorial institute, Chicago** *see* Otho S. A. Sprague
memorial institute.
- Stanford university** *see* Leland Stanford junior university.
- State hospitals bulletin, Utica, N. Y.** *see* New York (State)
Commission in lunacy. State hospitals bulletin.
- 806 **Studien zur Pathologie der Entwicklung.** Jena.
1, 1913+ Y.

- 807 **Surgery**, gynecology and obstetrics. Chicago.
1, 1905+ H.M. Y. 1-22, 24+ 1905+ N.H.M.
20-21, 1915. N.B.H. 1-19, 26, 1905+ Y.B. 25,
1918+ H.H.
Surgery, gynecology and obstetrics. Supplement. *see* Inter-
national abstract of surgery.
- 808 **Surgical clinics of Chicago**. Philadelphia and London.
1, 1917+ H.M. [1, 3] 1917-19. N.H.M.
Surgical clinics of John B. Murphy *see* Clinics of John B.
Murphy.
- 809 **Survey of head surgery**. Washington.
1, 1918+ Y. Y.B.
- 810 **Sydney**. University. Reprints of papers from the science lab-
oratories. From the departments of anatomy, biology, geo-
logy and physiology.
1895-1903. Y.
- 811 **Syphilis**. Paris.
Continued as Annales des maladies vénériennes.
1-4, 1903-06|| H.M.
- 812 **Tagesberichte über die Fortschritte der Natur- und Heilkunde**.
Weimar.
Preceded by Notizen aus dem Gebiete der Natur- und Heilkunde.
1850-52. Y.
Tennessee medical society *see* Medical society of the state of
Tennessee.
- 813 **Texas medical journal**. Austin.
v. 28-31 called Texas medical journal, "Red Back"
[18-20] 21, [22-23] 24-25, [26-28] 29-30, [31-32] 1902-17. Y.
- 814 **Texas state medical association**. Transactions.
1876-77, 1879, 1883-1900, 1903-04. H.M.
- 815 **Texas**. University. Bulletin. Medical series. Austin.
1-3, 1905. Y.
- 816 **Therapeutic digest**. Cincinnati.
4-8, 10-17, 1888-1901. H.M. [6-7] 8-10, [11+] 1911+
Y.
- 817 **Therapeutic gazette**. Detroit.
v. 1-3 have title: New preparations.
9-28, 30+ 1885+ N.H.M. [2-3] 4, [5-10] 11-15, [16-20]
21-29, [30-31] 33+ 1878+ Y. 10, 1886. Y.B.
- 818 **Therapeutic monthly**. Philadelphia.
Merged into Philadelphia medical journal.
1-2, 1901-02|| Y. 1, 1901. H.M. N.H.M.
- 819 **Therapeutic notes**. Detroit, Mich.
[1, 3-5, 7-13] 14, [15-16] 17-22, [23-24] 25+ 1894+ Y.
- 820 **Therapeutische Monatshefte**. Berlin.
1, 1887+ Y.

- 821 **Therapeutischen Leistungen.** Wiesbaden.
12, 1900+ Y.
- 822 **Therapie der Gegenwart.** Berlin.
16, 47+ 1875+ Y.
- 823 **Thompson Yates laboratories.** Report. Liverpool.
1-2, [3] 1898-1901. Y.
- 824 **Times and register.** Philadelphia.
v. 1 has title: Medical times; v. 2-19: Philadelphia medical times; v. 31-41:
Medical times and register.
7-9, 1877-79. N.H.M. 1-16, [17-21, 24] 1870-92. Y.
- 825 **Tokyo.** Imperial university. College of medicine. Mitteilun-
gen.
1, 1887+ Y.
- Toronto.** University.
826 Medical research fund. Studies. 1, 1915+ Y.
827 Studies. Pathological series. 1-4, 1906-09. Y.
828 Studies. Physiological series. 1, 1900+ Y.
- 829 **Transylvania journal of medicine and the associate sciences.**
Lexington, Ky.
Ended with v. 12, 1839.
2, [3-4] 5-9, [10] 1829-37. Y.
- Tri-state medical journal** *see* Interstate medical journal.
- 830 **Tuberculosis.** Leipzig.
1-13, 1903-14. H.M.
- Tübingen.** Universität. Chirurgische Klinik. Mitteilungen *see*
Beiträge zur klinischen Chirurgie.
- 831 **Turin.** Università. Musei di zoologia ed anatomia comparata.
Bollettino.
1-25, 1886-1910. Y.
- 832 **U. S. Bureau of labor.** Industrial accidents and hygiene series.
Washington.
1, 1912+ Y.
- 833 **U. S. Hygienic laboratory.** Bulletin. Washington.
2, 1900+ Y.
- 834 **United States medical and surgical journal.** New York.
1-3, 1834-36|| Y. W.U.
- 835 **United States naval medical bulletin.** Washington.
1, 1907+ Y.
- U. S. Public health service.**
836 Annual report of the Surgeon-general.
2-6, 9+ 1872+ Y. 34, 1905+ H.M. 1872-73,
1879-80, 1894-95, 1896-1904, 1912-15. S.L.
837 Public health bulletin.
23-24, 16, 32-59, 61+ 1908+ Y.
838 Public health reports.
1887-95 have title: Weekly abstract of sanitary reports.
[1-2] 3, [4] 5+ 1887+ Y. 18, 1903+ H.M. 23-31,

- 1908-16. N.H.M. 14, 1899+ S.L. 33, 1918+
Y.B.
- 839 Yellow fever institute. Bulletin.
1-13, 15-17, 1902-09. Y.
- 840 U. S. Surgeon-general of the navy. Report. Washington.
1879-80, 1896-1900, 1902-14, 1917. H.M.
- U. S. Surgeon-general's office. Washington.
- 841 Bulletin. 1, 1913+ Y.
- 842 Index catalogue of the library. 1-16, 2.s. 1-21, 1880-1916.
H.M. Y.
- 843 Report. 1865, 1867-68, 1870-72, 1874, 1876-78, 1882, 1884-85, 1887,
1889, 1891-1910, 1912-16, 1918. Y.
- U. S. Surgeon-general's office. Review of war surgery and
medicine *see* Review of war surgery and medicine.
- U. S. Surgeon-general's office. Survey of head surgery *see*
Survey of head surgery.
- Universal medical journal *see* Monthly cyclopaedia and medical
bulletin.
- University college hospital medical school, London. *see* Lon-
don. University. University college hospital medical
school.
- University medical magazine *see* Pennsylvania. University.
Dept. of medicine. Medical bulletin.
- University of Pennsylvania medical bulletin *see* Pennsylvania.
University. Dept. of medicine. Medical bulletin.
- 844 Upsala läkareförenings förhandlingar.
1, 17-30, n.s. 1+ 1865+ Y.
- 845 Urologic and cutaneous review. St. Louis.
v. 1-16 have title: American journal of dermatology and genito-urinary dis-
eases.
13, 1909+ Y.
- 846 Utah state medical society. Proceedings.
1895-96, 1905-06. H.M.
- 847 Verein für gemeinschaftliche Arbeiten zur Förderung der wissen-
schaftlichen Heilkunde. Archiv. Göttingen.
N.F. 1-3 have title: Archiv des Vereins für wissenschaftliche Heilkunde.
1-4, 1856-60. Y.
- Verein für wissenschaftliche Heilkunde. Archiv. *see* Verein
für gemeinschaftliche Arbeiten zur Förderung der wissen-
schaftlichen Heilkunde. Archiv.
- 848 Vermont medical monthly. Burlington.
[14-15] 16-20, 1908-14|| Y.
- 849 Vermont state medical society. Transactions.
1864, 1879-80, 1882-87, 1889-1904. H.M. 79, 90-91, 1892-
1904. Y.
- 850 Veterinarian. London.
Ended with v. 75, 1902; merged into Journal of comparative pathology and
therapeutics.
1-61, 1828-88. Y.

- 851 **Veterinary journal and annals of comparative pathology.** London.
Continued as *Veterinary journal*.
1-47, 1875-98. Y.
- 852 **Veterinary medical association. Transactions.**
no. 1-5 have title: Abstract of the proceedings. Continued in 1845 by the
Veterinary record.
1-8, 1836-44|| Y.
- 853 **Veterinary record and transactions of the Veterinary medical
association.** London.
Continues *Veterinary medical association. Transactions*.
1-6, 1845-50|| Y.
- Vierteljahresberichte über die Gesamtleistungen auf dem Gebiete
der Krankheiten des Harn- und Sexual Apparates** *see* *Mo-
natsberichte für Urologie*.
- Vierteljahresschrift für Dermatologie und Syphilis** *see* *Archiv
für Dermatologie und Syphilis*.
- 854 **Vierteljahrsschrift für die praktische Heilkunde.** Prague.
Ended with v. 144, 1879.
33, 37-42, 45-104, 1852-69. Y.
- 855 **Vierteljahrsschrift für gerichtliche Medizin und öffentliches
Sanitätswesen.** Berlin.
3.s. 21, 1901+ Y.
- 856 **Vierteljahrsschrift über die Fortschritte auf dem Gebiete der
Chemie der Nahrungs- und Genussmittel.** Berlin.
Continued in 1898 by *Zeitschrift für Untersuchung für Nahrungs- und Genuss-
mittel*.
1-12, 1886-97|| Y.
- 857 **Virchows Archiv für pathologische Anatomie und Physiologie
und für klinische Medizin.** Berlin.
v. 1-170 have title: *Archiv für pathologische Anatomie*.
1, 1847+ Y. 1-203, 1847-1912. Y.B.
- Virchows Jahresbericht** *see* *Jahresberichte über die Leistungen
und Fortschritte in der gesammten Medicin.* Berlin.
- Virginia medical and surgical journal** *see* *Maryland and Vir-
ginia medical journal*.
- Virginia medical journal** *see* *Maryland and Virginia medical
journal*.
- 858 **Virginia medical monthly.** Richmond.
v. 23-44, no. 18 (*i.e.* 2.s. v. 1-22, no. 18) have title: *Virginia medical semi-
monthly*.
[1-2, 4-6, 8-10, 20-21, 23, 27-33] 42+ 1874+ Y.
- Virginia medical semi-monthly** *see* *Virginia medical monthly*.
- Virginia medical society** *see* *Medical society of the state of
Virginia*.
- 859 **Walsh's retrospect.** Washington.
Ended with v. 3, no. 2, 1882.
1-2, 1880-81. H.M.

- Washington** medical society *see* Medical society of the state of Washington.
- Washington.** National academy of sciences *see* National academy of sciences, Washington.
- Water-cure** journal *see* Herald of health.
- Wellcome** tropical research laboratories, Khartum *see* Gordon memorial college, Khartum. Wellcome tropical research laboratories.
- West Virginia** medical society *see* Medical society of the state of West Virginia.
- 860 **Western** journal of medicine and surgery. Louisville.
2.s. 6. 3.s. 1-4, 1846-49. W.U.
- 861 **Western** journal of the medical and physical sciences. Cincinnati.
v. 1 has title: Western medical and physical journal. Ended with v. 12, 1838.
1, [2, 4-5] 9-11, 1827-38. Y.
- Western** lancet, Cincinnati *see* Lancet-clinic.
- Western** medical and physical journal *see* Western journal of the medical and physical sciences.
- 862 **Wiener klinische** Wochenschrift.
1, 1888+ Y.
- 863 **Wiener medizinische** Wochenschrift.
51, 1901+ Y.
- William Pepper** laboratory of clinical medicine *see* Pennsylvania. University. William Pepper laboratory of clinical medicine.
- 864 **Wisconsin** medical recorder. Janesville.
[5-7] 8, [9-11] 12-14, [15-16] 17, [18] 1902-15. Y.
- 865 **Wisconsin** state medical society. Transactions.
Continued in the Wisconsin medical journal.
25-36, 1891-1902|| Y. 1893-1902|| H.M.
- Wistar** institute of anatomy and biology. Memoirs. *see* American anatomical memoirs.
- Wood's Hole, Mass.** Marine biological laboratory. Biological bulletin *see* Biological bulletin of the Marine biological laboratory.
- 866 **Wood's** medical and surgical monographs. New York.
1-2, [3] 4, [5] 6-7, [8] 1889-90. Y.
- Würzburg.** Klinik der Tuberkulose. Beiträge *see* Beiträge zur Klinik der Tuberkulose.
- Würzburg.** Physikalisch-medicinische Gesellschaft *see* Physikalisch-medicinische Gesellschaft. Würzburg.
- 867 **Yale** medical journal. New Haven.
1-18, 1894-1912|| H.M. N.H.M. Y.
[15-17] 1909-12. Y.B.

- 868 Yale university. Sheffield scientific school. Biological laboratory. Contributions.
1908-13. Y.
- Yale university. Sheffield scientific school. Laboratory of physiological chemistry.
- 869 Collected papers. I, 1901+ Y.
- 870 Studies. 1885-89, 1897-1900. Y.
- 871 Yale university. Yale medical school. Dept. of surgery. Collected papers. New Haven.
I, 1910-16. Y.
- 872 Year-book of pharmacy. London.
Includes Transactions of the British pharmaceutical conference, 1879-97.
9-27, 1878-97. Y.
- 873 Year-book of treatment. New York.
Ended in 1899; merged into Medical annual.
1884-93, 1896-99. Y.
- 874 Zeitschrift für allgemeine Physiologie. Jena.
I, 1902+ Y.
- 875 Zeitschrift für Anatomie und Entwicklungsgeschichte. Leipzig.
Continued as Archiv für Anatomie und Physiologie. Anatomische Abteilung.
I-2, 1875-77|| Y.
- 876 Zeitschrift für angewandte Anatomie und Konstitutionslehre. Berlin.
I, 1913+ Y.
- 877 Zeitschrift für Balneologie, Klimatologie und Kurort-Hygiene. Berlin.
I, 1908+ Y.
- 878 Zeitschrift für Bekämpfung der Geschlechtskrankheiten. Leipzig.
Includes Verhandlungen des Kongresses der Deutschen Gesellschaft zur Bekämpfung der Geschlechtskrankheiten.
I, 1903+ Y.
- 879 Zeitschrift für Biologie. Munich.
I, 1865+ Y.
- Zeitschrift für Chemie und Industrie der Kolloide *see* Kolloid-Zeitschrift.
- 880 Zeitschrift für Chemotherapie und verwandte Gebiete. Leipzig.
Referate continues Folia serologica.
Originale I, 1912+ ; Referate I, 1912+ Y.
- Zeitschrift für diätetische und physikalische Therapie *see* Zeitschrift für physikalische und diätetische Therapie.
- 881 Zeitschrift für die gesamte experimentelle Medizin. Berlin.
2, 1914+ Y.
- 882 Zeitschrift für experimentelle Pathologie und Therapie. Berlin.
I, 1904+ Y.
- 883 Zeitschrift für Geburtshilfe und Frauenkrankheiten. Stuttgart.
Merged into Zeitschrift für Geburtshilfe und Gynäkologie.
I, 1875-76|| Y.

- 884 **Zeitschrift für Geburtshilfe und Gynäkologie.** Stuttgart.
2, 1878+ Y. 54-74, 1905-13. Y.B.
- 885 **Zeitschrift für Heilkunde.** Vienna and Leipzig.
22-28, 1901-07|| Y.
- 886 **Zeitschrift für Hygiene und Infektionskrankheiten.** Leipzig.
v. 1-10 have title: *Zeitschrift für Hygiene.*
1, 1886+ Y.
Zeitschrift für Hypnotismus *see* *Journal für Psychologie und Neurologie.*
- 887 **Zeitschrift für Immunitätsforschung und experimentelle Therapie.**
Jena.
Originale 1, 1909+ ; Referate 1, 1909+ Y.
- 888 **Zeitschrift für induktive Abstammungs- und Vererbungslehre.**
Berlin.
1, 1908+ A.E.S. Y.
- 889 **Zeitschrift für Kinderforschung mit besonderer Berücksichtigung der pädagogischen Pathologie.** Langensalza.
15, 1900+ Y.
- 890 **Zeitschrift für Kinderheilkunde.** Berlin.
Originalien 1, 1910+ ; Referate 1, 1911+ Y.
- 891 **Zeitschrift für klinische Medizin.** Berlin.
1, 1880+ Y. [9-66] 1885-1908. Y.B.
- 892 **Zeitschrift für Krebsforschung.** Berlin.
1-9, 1904-10. Y. 1-4, 6-9, 1904-10. Y.B.
- 893 **Zeitschrift für Morphologie und Anthropologie.** Stuttgart.
1, 1899+ Y.
- 894 **Zeitschrift für Pathopsychologie.** Leipzig and Berlin.
1, 1911+ Y.
- 895 **Zeitschrift für physikalische und diätetische Therapie.** Leipzig.
v. 1-9 have title: *Zeitschrift für diätetische und physikalische Therapie.*
1, 1898+ Y.
- 896 **Zeitschrift für Physiologie.** Heidelberg.
1-5, 1824-35|| Y.
Zeitschrift für physiologische Chemie. *see* *Hoppe-Seylers Zeitschrift für physiologische Chemie.*
- 897 **Zeitschrift für Psychologie und Physiologie der Sinnesorgane.**
Leipzig.
v. 41+ are 2. Abt. *Zeitschrift für Sinnesphysiologie*; 1. Abt. being *Zeitschrift für Psychologie.*
1, 1890+ Y.
- 898 **Zeitschrift für Sexualwissenschaften.** Bonn.
Official organ of the Aertzliche Gesellschaft für Sexualwissenschaft und Eugenik.
1, 1914+ Y.
- 899 **Zeitschrift für Tuberkulose.** Leipzig.
1-10, 1900-07. Y. 10-13, 1906-09. Y.B.

- 900 **Zeitschrift für Untersuchung der Nahrungs-und Genussmittel.** Berlin.
Organ des Vereins Deutscher Nahrungsmittelchemiker. Continues Vierteljahresschrift über die Fortschritte auf dem Gebiete der Chemie der Nahrungs- und Genussmittel.
I, 1898+ Y.
- 901 **Zeitschrift für Urologie.** Berlin and Leipzig.
Organ of Deutsche Gesellschaft für Urologie and Berliner urologische Gesellschaft. Continues Centralblatt für die Krankheiten der Harn- und Sexuale Organe and Monatsberichte für Urologie.
I, 1907+ Y.
- 902 **Zeitschrift für urologische Chirurgie.** Berlin.
I, 1913+ Y.
- 903 **Zeitschrift für wissenschaftliche Mikroskopie und mikroskopische Technik.** Braunschweig.
I, 1884+ Y.
- 904 **Zentralblatt für allgemeine Pathologie und pathologische Anatomie.** Jena.
v. 15+ official organ of Deutsche pathologische Gesellschaft.
I, 1890+ Y. I-II, 19-20, 1890-1900. Y.B.
- 905 **Zentralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten.** Jena.
Beginning with v. 17 issued in two parts: 1. Aht.: Medizinisch-hygienische Bakteriologie und tierische Parasitenkunde. Beginning with v. 31 this was issued in two parts, viz., Originale und Referate; 2. Aht.: Landwirtschaftlich-technologische Bakteriologie, Gärungsphysiologie und Pflanzenpathologie.
I, 1887+ Y. 1908-10. Y.B.
- 906 **Zentralblatt für Biochemie und Biophysik.** Leipzig.
Continues Biochemisches Centralblatt and Biophysikalisches Centralblatt.
10, 1910+ Y.
- 907 **Zentralblatt für Chirurgie.** Leipzig.
I, 1874+ H.M. Y.
Zentralblatt für die gesamte Biologie see Biochemisches Centralblatt; Biophysikalisches Centralblatt.
- 908 **Zentralblatt für die gesamte Chirurgie und ihre Grenzgebiete.** Berlin.
I, 1913+ Y.
- 909 **Zentralblatt für die gesamte Gynaekologie und Geburtshilfe.** Berlin.
I, 1913+ Y.
- 910 **Zentralblatt für die gesamte innere Medizin und ihre Grenzgebiete.** Berlin.
Official organ of Deutscher Kongress für innere Medizin.
I, 1912+ Y.
- 911 **Zentralblatt für die Grenzgebiete der Medizin und Chirurgie.** Jena.
I, 1897+ H.M. Y.

- 912 **Zentralblatt für die Krankheiten der Harn- und Sexual-Organen.** Leipzig.
 v. 1-4 have title: Internationales Centralblatt für die Physiologie und Pathologie der Harn- und Sexual-Organen. In 1907 united with Monatsberichte für Urologie to form Zeitschrift für Urologie.
 1-17, 1889-1906|| Y. 1-7, 1889-96. Y.B.
- 913 **Zentralblatt für die medicinischen Wissenschaften.** Berlin.
 1, 1863+ Y. 7-19, 1869-81. H.M.
- 914 **Zentralblatt für Gynäkologie.** Leipzig.
 6, 1882+ Y. 27-37, 1903-13. Y.B.
- 915 **Zentralblatt für innere Medizin.** Leipzig.
 v. 1-14 have title: Centralblatt für klinische Medizin.
 1, 1880+ H.M. Y. 9-22, 1888-1901. Y.B.
- 916 **Zentralblatt für Kinderheilkunde.** Leipzig.
 7-13, 1902-08. N.H.M.
Zentralblatt für klinische Medizin *see* Zentralblatt für innere Medizin.
- 917 **Zentralblatt für Physiologie.** Leipzig.
 1, 1887+ Y. 1-3, 1887-89. W.U.
- 918 **Zentralblatt für praktische Augenheilkunde.** Leipzig.
 12-14, 1888-90. Y.
- 919 **Zentralblatt für Psychoanalyse und Psychotherapie.** Wiesbaden.
 Organ of the Internationale Psychoanalytische Vereinigung. Continued as Internationale Zeitschrift für ärztliche Psychoanalyse.
 1-4, 1911-14|| Y.

PUBLIC HEALTH REPORTS.

- Alabama.** State board of health. Annual report. Montgomery.
1881, 1889-95, 1914+ S.L. 1914. Y.
- Albany.** Common council. Proceedings.
1897-1902, 1907. Y.
- Allegheny, Pa.** Municipal reports.
1889/90, 1893-96, 1898-1900. S.L.
- Altoona, Pa.** Board of health. Annual report.
27-30, 1911-1914. Y.
- Amherst.** Annual reports.
[1878-97] 1898+ Y.
- Andover, Conn.** Annual report.
1877-86, 1888+ S.L. 1894+ Y.
- Ansonia, Conn.** Annual report.
1889-1917. S.L. 1897+ Y.
- Arizona.** State board of health. Biennial report. Phoenix.
1913-14. S.L.
- Asbury Park, N. J.** Board of health. Annual report.
1893-94, 1896, 1898. S.L. 1892-93. Y.
- Ashford, Conn.** Reports.
1895-1900, 1908+ Y. 1869, 1873, 1875-79, 1882-83, 1885, 1887,
1889, 1891, 1893-97, 1899+ S.L.
- Atlanta, Ga.** Board of health. Annual report.
1883-85, 1893. S.L.
- Auburn, N. Y.** Health dept. Report.
[1911+] Y.
- Augusta, Ga.** Dept. of public health. Annual report.
1880/81, 1886/87, 1898/99, 1904, 1906, 1908, 1910. Y. 1882-85,
1890, 1902, 1904. S.L.
- Avon, Conn.** Town reports.
1880, 1882-84, 1891, 1893-97, 1899+ S.L.
- Baltimore.** Health dept. Annual report.
1869+ Y. 1877, 1885, 1887. S.L.
- Barkhamsted, Conn.** Annual report.
1860-61, 1864, 1867-73, 1875-91, 1893+ S.L. 1897+ Y.
- Beacon Falls, Conn.** Town report.
1879+ S.L. 1900+ Y.
- Berlin, Conn.** Annual report.
1859+ S.L. 1886+ Y.
- Bethany, Conn.** Annual report.
1876-80, 1883, 1886-88, 1890+ S.L. 1895+ Y.

- Bethel, Conn.** Annual report.
1882, 1891, 1893-97, 1899-1917. S.L. 1897+ Y.
- Bethlehem, Conn.** Annual reports.
1883-1917. S.L. 1901+ Y.
- Binghamton, N. Y.** Dept. of health. Annual report.
1899, 1901, 1907-1915. Y. 1898-1901. S.L.
- Bloomfield, Conn.** Annual report.
1869-1917. S.L. 1896+ Y.
- Bolton, Conn.** Annual report.
1883-84, 1891+ S.L. 1896+ Y.
- Boston.** Health dept. Annual report of the superintendent of health.
1861-63, 1865-66, 1870, 1872. Y.
- Boston.** Health dept. Annual report.
Preceded by Annual report of the superintendent of health.
2-14, 17-31, 33-42, 1873-1913. Y.
- Boston.** Health dept. Monthly bulletin.
1-2, [4+] 1912+ Y.
- Bozrah, Conn.** Annual report.
1872, 1882-85, 1889-90, 1893+ S.L. 1894+ Y.
- Branford, Conn.** Annual report.
1871, 1879-87, 1889, 1891, 1893+ S.L. 1896+ Y.
- Bridgeport, Conn.** Town reports.
1873-96, 1903, 1906. Y. 1883-84, 1888. S.L.
- Bridgewater, Conn.** Town reports.
1909+ S.L.
- Bristol, Conn.** Annual report.
1869+ S.L. 1884-88, 1898+ Y.
- British Columbia.** Provincial board of health. Annual report. Victoria.
1913, 1915-16. S.L.
- Brookfield, Conn.** Report.
1884, 1893-96, 1899+ S.L. 1895+ Y.
- Brookline, Mass.** Town records and reports.
1876-78, 1880, 1882-83, 1885, 1890. Y.
- Brooklyn, Conn.** Reports.
1876-77, 1882-85, 1888+ S.L. 1894+ Y.
- Buffalo.** Dept. of health. Buffalo sanitary bulletin.
n.s. 1, [2-3] 4-6, [7] 8+ 1908+ Y.
- Buffalo.** Dept. of health. Annual report.
1905+ Y.
- Burlington, Conn.** Town reports.
1881, 1883-84, 1886, 1888+ S.L.
- Burlington, Ia.** Annual reports.
1897, 1900-02, 1905, 1908+ Y.
- Burlington, Vt.** Board of health. Annual report.
1887, 1899, 1909, 1911+ Y.

- Burlington, Vt.** Health officer. Annual report.
1884-87, 1889-94, 1896-1901, 1903-04. S.L. 1898. Y.
- Burma.** Medical dept. Report on the sanitary administration of
Burma.
1882, 1885, 1891-93, 1895-96, 1899-1906, 1908+ Y.
- California.** State board of health. Biennial report. Sacramento.
1-3, 6-7, 9, 11-14, 17-23, 1870-1914. Y. 1-20, 1870-1908.
S.L.
- California.** State board of health. Monthly bulletin.
[3] 4+ 1907+ Y.
- Cambridge, Mass.** Reports.
1885-86, 1889, 1897, 1899. S.L. 1898+ Y.
- Canaan, Conn.** Annual report.
1858, 1869+ S.L. 1895+ Y.
- Canada.** Dept. of agriculture. Public health branch. Report.
Ottawa.
1899-1901, 1911. S.L.
- Canterbury, Conn.** Annual reports.
1880, 1882-84, 1886, 1888+ S.L. 1896+ Y.
- Canton, Conn.** Annual report.
1860+ S.L. 1906+ Y.
- Chaplin, Conn.** Annual report.
1883+ S.L. 1896-1912. Y.
- Charleston, S. C.** Yearbook.
1880-87, 1891+ Y.
- Chelsea, Mass.** Annual report.
1901, 1904-05, 1911-12, 1914-15, 1917. S.L. 1907. Y.
- Cheshire, Conn.** Annual report.
1868+ S.L. 1886+ Y.
- Chester, Conn.** Statement of the financial affairs of the town.
1877-1913, 1915-16. S.L. 1895+ Y.
- Chicago.** Dept. of health. Monthly bulletin.
1894-97, [1898-1901] Y.
- Chicago.** Dept. of health. Report.
1867/69-1874/75, 1878, 1881/82-1888, 1891-1897/98, 1904/05-
1907/10. Y. 1867-73, 1881-82, 1894-98. S.L.
- Chicopee, Mass.** Board of health. Annual report.
1912+ Y.
- Cincinnati.** Dept. of health. Annual report.
1884-86, 1888-96. S.L. 1879, 1914. Y.
- Cincinnati.** Dept. of health. Cincinnati sanitary bulletin.
Continues its Weekly report.
[1+] 1917+ Y.
- Cincinnati.** Dept. of health. Weekly report.
Continued by its Cincinnati sanitary bulletin.
[6-8] 1915-17|| Y.

- Cleveland.** Dept. of public health and sanitation. Annual report.
1875, 1878-81, 1884-86, 1888-93, 1897-1902, 1905-08. Y.
1882, 1884-90. S.L.
- Clinton, Conn.** Annual report.
1892+ S.L. 1897+ Y.
- Colchester, Conn.** Annual report of the board of school visitors.
1877-82, 1884-86, 1888+ S.L. 1894+ Y.
- Coldwater, Mich.** Health officer. Annual report.
1899-1900. S.L.
- Colebrook, Conn.** Town reports.
1880, 1882+ S.L.
- Colorado Springs.** Dept. of public health. Annual report.
1895, 1897. S.L.
- Colorado.** State board of health. Denver.
Bulletin. 10-11, 1910-11. Y. 15-16, 1915-16. S.L.
Report. 2-11, 1877-1912. Y. 1892-1912. S.L.
- Columbia, Conn.** Annual report.
1871, 1873+ S.L. 1894-1900, 1902+ Y.
- Concord, Mass.** Board of health. Annual report.
1883, 1887. S.L.
- Concord, N. H.** Annual report.
20-33, 35-55, 57+ 1873+ Y.
- Connecticut.** Bureau of vital statistics. Registration report. New Haven.
59, 1906+ H.M.
- Connecticut.** State board of health. Hartford.
Connecticut health bulletin. 1, 1887+ S.L. 1-23, [24-25]
26+ 1887+ Y.
Report. 1, 1877+ H.M. S.L. Y.
- Cornwall, Conn.** Annual report.
1894-97, 1899+ Y. 1871-73, 1875, 1877, 1917. S.L.
- Coventry, Conn.** Annual report.
1865, 1873-74, 1878-80, 1882-88, 1890-1916. S.L. 1894+ Y.
- Cromwell, Conn.** Town reports.
1871, 1875, 1877, 1882+ S.L.
- Cuba.** Departamento de sanidad. Informe anual sanitario y demografico. Havana.
1902-08, 1910. Y.
- Cuba.** Secretaría de sanidad y beneficencia. Sanidad y beneficencia. Havana.
7, 1912+ Y.
- Danbury, Conn.** Annual report.
1882-85, 1890-91, 1893+ S.L. 1894+ Y.
- Danielson, Conn.** Borough reports.
1890+ S.L.
- Darien, Conn.** Annual reports.
1879, 1881-86, 1888+ S.L. 1895+ Y.

Dayton, O. Annual report.
1914+ S.L.

Delaware. Board of health. Biennial report. Dover.
1879/80, 1883-85, 1889/90, 1892-98, 1900-04, 1908-10. S.L.
1894/96, 1910/12. Y.

Denver. Dept. of health. Annual report.
1897/98, 1913. Y. 1892-94, 1896. S.L.

Derby, Conn. City reports.
1874, 1878, 1882, 1885, 1890-91, 1894+ S.L. 1896-98, 1900,
1902+ Y.

Detroit. Board of health. Annual report.
1882, 1884-92, 1900. S.L.

District of Columbia. Health dept. Report. Washington.
1871/72-1873/74, 1875/76-1876/77, 1878/79, 1880/81-1888/89,
1893/94-1903/04, 1905/06-1915/16. Y. 1872-74, 1878/79-
1887/88, 1889/90+ S.L.

Duluth, Minn. Annual reports.
1901+ Y.

Durham, Conn. Reports.
1872, 1874, 1883, 1887+ S.L. 1898-99, 1902, 1906+ Y.

East Granby, Conn. Annual reports.
1895+ Y. 1877-1906, 1908+ S.L.

East Haddam, Conn. Financial report.
1858-61, 1872+ S.L. 1905+ Y.

East Hartford, Conn. Annual report.
1871+ S.L. 1896+ Y.

East Haven, Conn. Annual report.
1882, 1891+ S.L. 1896+ Y.

East Lyme, Conn. Statement of the financial affairs.
1882-86, 1890-91, 1893-97, 1899+ S.L. 1897-1901, 1905-07,
1909+ Y.

East Windsor, Conn. Annual reports.
1854, 1856, 1859+ S.L. 1896+ Y.

Eastford, Conn. Reports.
1850, 1871+ S.L. 1895-99, 1901+ Y.

Easton, Conn. Report.
1882-84, 1891, 1893-97, 1899+ S.L. 1894-97, 1908+ Y.

Ellington, Conn. Annual report.
1855, 1857+ S.L. 1895+ Y.

Enfield, Conn. Annual report.
1869-71, 1876-81, 1883+ S.L. 1895-1904, 1907+ Y.

Erie, Pa. Board of health. Annual report.
1912-16. Y. 1902-04. S.L.

Essex, Conn. Annual report.
1882-86, 1889+ S.L. 1895-1908. Y.

Fairfield, Conn. Report.
1882-84, 1890-91, 1893+ S.L. 1894-1916. Y.

- Fall River, Mass.** City documents.
1892, 1900, 1905, 1907+ Y.
- Farmington, Conn.** Annual reports.
1866, 1869-83, 1885-1905, 1907+ S.L.
- Fitchburg, Mass.** City document.
2-3, 6-7, 11, 13, 16, 18, 22, 24-25, 27+ 1874+ Y.
- Florida.** Board of health. Annual report. Jacksonville.
1-4, 21-26, 1889-1914. Y. 1899-1905, 1907-16. S.L.
- Florida.** Board of health. Florida health notes. Jacksonville.
1.s. [1, 3-5, 7] 1892-98; 2.s. [1] 2-3, [4-6] 7-9, [10] 11, [12+] 1906+ Y.
- Fort Huron, Mich.** Board of health. Annual report.
1898-1900. S.L.
- Fort Wayne, Ind.** City reports and annual message of the mayor.
1904+ Y. 1901, 1904-05. S.L.
- Franklin, Conn.** Annual reports.
1897-98, 1900-15. Y. 1876, 1881-97, 1899+ S.L.
- Georgia.** Board of health. Annual report. Atlanta.
1904, 1906-09, 1911-13. S.L.
- Glastonbury, Conn.** Annual report.
1859, 1867+ S.L. 1890-91, 1895+ Y.
- Gloucester, Mass.** City reports.
1898-99. S.L.
- Goshen, Conn.** Annual report.
1888, 1890+ S.L. 1895+ Y.
- Granby, Conn.** Annual report.
1869, 1871+ S.L. 1894+ Y.
- Grand Rapids, Mich.**
Board of health and poor commissioners. Annual reports.
1907/08, 1909/10-1911/12. Y.
City reports. 1893-96, 1898-1902. S.L.
- Gt. Brit.** India office. Report on sanitary measures in India. London.
1878/79, 1880/81, 1908-12. Y. 1881-1908. S.L.
- Gt. Brit.** Local government board. Medical officer. Report. London.
1876-1911, 1913-14. S.L. 1863, 1866-69. Y.
- Gt. Brit.** Privy council. Report of the medical officer. London.
1858-70, 1873-75. S.L.
- Greenwich, Conn.** Reports.
1877, 1879-80, 1882-83, 1890-97, 1899+ S.L. 1896+ Y.
- Griswold, Conn.** Reports.
1876, 1880+ S.L. 1894+ Y.
- Groton, Conn.** Reports.
1862, 1865, 1874-75, 1877+ S.L. 1894+ Y.

- Groton, Mass.** Annual report.
1892, 1894-95, 1897-99, 1901, 1903-04, 1906-08, 1910+ Y.
- Guanajay, Cuba.** Jefatura local de sanidad. Informe mensual.
[1909-12] 1913, [1914] Y.
- Guamacaro, Cuba.** Jefatura local de sanidad. Informe mensual.
[1914+] Y.
- Guilford, Conn.** Annual report.
1872+ S.L. 1894-1913. Y.
- Haddam, Conn.** Statement of the financial affairs of the town.
1874-83, 1885+ S.L. 1909-1910. Y.
- Hamden, Conn.** Annual report.
1877-85, 1887-97, 1899+ S.L. 1886-1907, 1909+ Y.
- Hampton, Conn.** Town reports.
1892+ S.L.
- Harrisburg, Pa.** Annual reports.
1884-1908, 1910+ Y. 1900, 1904. S.L.
- Hartford, Conn.** Board of health. Report.
1886+ H.M. 1887-89, 1891-92, 1895-1909, 1911-16, [1917+] S.L. 1889/90. Y.
- Hartford, Conn.** Municipal register.
1886-91, 1893+ Y.
- Hartland, Conn.** Annual report.
1871, 1882, 1884-87, 1889+ S.L. 1896, 1898+ Y.
- Harwinton, Conn.** Annual report.
1873-77, 1879, 1881+ S.L. 1895+ Y.
- Havana.** Departamento de sanidad. Informe sanitario y demografico.
(Annual)
1902, 1905-08. Y.
- Havana.** Departamento de sanidad. Informe sanitario y demografico.
(Monthly)
[1902] 1908, [1909] 1910-15, [1916] Y.
- Haverhill, Mass.** Board of health. Annual report.
8-9, 21-34, 1887-1913. Y.
- Hawaii (Ter.)** Board of health. Report.
1884-86, 1890-92, 1894/95, 1896/97, 1898/99, 1900+ S.L.
1901/02, 1903-15, 1916/17. Y. 1905, 1907-10, 1912-15. H.M.
- Hawaiian Islands.** Board of health. Report.
1874-78, 1884-95, 1898-99. Y.
- Hebron, Conn.** Annual report.
1878+ S.L. 1896+ Y.
- Houston, Tex.** City reports.
1909-10. S.L.
- Hudson Co., N. J.** Board of health and vital statistics. Monthly statement of vital statistics.
[1912-13] 1914-15. Y.
- Hudson Co., N. J.** Board of health and vital statistics. Report.
1878, 1912+ Y.

Huntington, Conn. Annual report.

Merged into Shelton in 1917.

1882-1916. S.L. 1894-1900, 1902-16. Y.

Idaho. State board of health. Biennial report. Boise.

2-4, 1908-14. Y. 1907-08, 1910-14. S.L.

Illinois. Dept. of public health. Illinois health news. Springfield.

Continues the Monthly bulletin of the Illinois state board of health.

1, 1915+ Y.

Illinois. State board of health. Annual report. Springfield.

1878/79, 1881, 1889 out of print.

1877/78, 1880, 1882-88, 1892, 1895, 1897, 1913. Y. 1878-79,

1881-82, 1884-88, 1890-94, 1896, 1898, 1907-13. S.L. 1888-92,

1894, 1901. H.M.

Illinois. State board of health. Monthly bulletin.

Continued as its Illinois health news.

1906-14|| Y.

India. Medical dept. Annual report of the sanitary commissioner. Calcutta.

1909-15. Y.

Indiana. State board of health. Annual report. Indianapolis.

1, 3, 6, 15-20, 22+ 1881+ Y. 1882-1916. S.L.

Indiana. State board of health. Monthly bulletin. Indianapolis.

[6-7] 8, [9] 10-16, [17] 18-20, [21+] 1904+ Y.

Iowa. State board of health.

Biennial report. Des Moines. 1880-1916. S.L. 1-2, 4, 15-16,

1879-1912. Y.

Bulletin. Des Moines. [1+] 1916+ Y.

Iowa health bulletin. Des Moines.

[6, 9-10, 12-20, 24-25] 1893-1911. Y.

Ireland. Local government board. Annual report. Dublin.

1894-1908. S.L.

Isthmian canal commission. Dept. of health *see* Panama Canal. Health dept.**Japan.** Central sanitary bureau. Annual report.

1898/1900, 1902-11. Y.

Jewett City, Conn. Borough reports.

1896-99, 1901, 1903+ S.L.

Kansas. State board of health.

Annual report. Topeka.

1-7, 15-16. 1885-1900. Y. 1885-94, 1896-1914. S.L.

Biennial report. Topeka.

Continues the Annual reports.

3, 5, 7, 1905-14. Y.

Bulletin.

[2-6] 7, [8-10] 11, [12+] 1906+ Y.

Kent, Conn. Town reports.

1892+ S.L.

- Kentucky.** State board of health.
 Report of proceedings. Frankfort.
 1888-89, 1892. S.L.
 Reports. Louisville.
 1870-83, 1885, 1888-89, 1892, 1899-1901, 1903-05, 1907-09. S.L.
 1907-11. Y.
- Killingly, Conn.** Reports.
 1867, 1875+ S.L. 1894+ Y.
- Killingworth, Conn.** Statement of the financial affairs of the town.
 1902-07, 1909+ S.L. 1906+ Y.
- Knoxville.** Board of health and vital statistics. Annual report.
 1889-93. S.L.
- La Crosse, Wis.** Health dept. Annual report.
 2-6, 1912-16. Y.
- Lancaster, Pa.** Board of health. Annual report.
 1912+ Y.
- Lebanon, Conn.** Reports.
 1866, 1874+ S.L. 1896+ Y.
- Ledyard, Conn.** Statement of the town account.
 1861+ S.L. 1895+ Y.
- Lisbon, Conn.** Annual reports.
 1871, 1893-97, 1899-1904, 1906+ S.L. 1895-97, 1899-1904,
 1906+ Y.
- Litchfield, Conn.** Reports.
 1868, 1870+ S.L. 1905+ Y.
- Little Rock, Ark.** Mayor's report and report of city officers.
 1900, 1902-07. Y.
- London.** St. Giles District. Sanitary statistics and works.
 1857-65. Y.
- Longmeadow, Mass.** Town reports.
 1901-02, 1905-06. S.L.
- Los Angeles.** Dept. of health.
 Annual report. 1910-14, 1916+ Y. 1913+ S.L.
 Monthly report. 1911, [1913-15]. Y.
 Public health. [1+] 1911+ Y.
- Louisiana.** State board of health. Report. New Orleans.
 1869-75, 1878, 1880-87, 1898-1913, 1916-17. Y. 1870-71,
 1874-75, 1877-82, 1884-87, 1894-97, 1898-1905, 1908-09. S.L.
 1908-11. H.M.
- Louisville, Ky.** Annual reports.
 1868-93, 1895-98, 1900-07, 1909+ Y.
- Lowell, Mass.** Board of health. Annual report.
 1902-08, 1910+ Y. 1886, 1897. S.L.
- Lyme, Conn.** Statement of the financial affairs of the town.
 1879-82, 1886+ S.L. 1897+ Y.
- Lynn, Mass.** Board of health. Annual report.
 1880-83. S.L.

- Lynn, Mass.** City documents.
1902+ Y.
- Madison, Conn.** Annual report.
1880+ S.L. 1889+ Y.
- Madison, Wis.** Board of health. Annual report of the health officer.
1911-12. Y. 1886-88. S.L.
- Maine.** State board of health.
Bulletin. Augusta.
[1+] 1905+ Y.
1, 1885+ Y. 1885-1915. S.L. 1892-93, 1898-99,
1902-03. H.M.
Report. Augusta.
- Malden, Mass.** Annual reports.
1899-1902. S.L.
- Manchester, Conn.** Annual reports.
1863-65, 1867-72, 1875, 1877+ S.L. 1895+ Y.
- Manchester, N. H.** Annual report.
47, 1892+ Y.
- Manchester, N. H.** Board of health.
Annual report. 1906-15, 1917. Y. 1888-90, 1892-1904. S.L.
Bulletin. [1916+] Y.
Statement of mortality. [1907] 1908, [1909] 1910-14, [1915-16] Y.
- Mansfield, Conn.** Annual report.
1868+ S.L. 1895+ Y.
- Marlborough, Conn.** Annual report.
1883, 1887-88, 1890, 1893-97, 1899-1900, 1902-06, 1908, 1910+
S.L. 1902-06, 1908+ Y.
- Maryland.** Board of health. Report. Annapolis.
1-3, 5, 7-8, 16-29, 1874+ Y. 1874-1901, 1906, 1908-11. S.L.
- Massachusetts.** State board of health. Annual report. Boston.
1879-86 were published as the annual reports of the State board of health,
lunacy and charity, and "Report and papers on public health", issued
as supplements to the annual reports of that board.
1-11, 18-46, 1869-1914. Y. 1-2, 4-11, 18-21, 31-37, 39, 42-44,
1869-1912. H.M. 1869-79, 1886-1916. S.L.
- Massachusetts.** State board of health. The Commonwealth. Boston.
Aug. 1914 - July 1918 have title: Public health bulletin. Continues its
Monthly bulletin.
1, 1914+ Y.
- Massachusetts.** State board of health. Monthly bulletin. Boston.
Continued as Public health bulletin of the Massachusetts state department of
health which was continued as the Commonwealth.
1-4, [5-6] 7-9, 1906-14|| Y.
- Massachusetts.** State board of health, lunacy and charity. Reports
and papers on public health. Boston.
Supplement to its Annual report.
1-7, 1879-86|| Y. 1-2, 4-7, 1879-86|| H.M. 1879-80,
1882-84. S.L.

- Massachusetts.** State dept. of health. Annual report. Boston.
1, 1914+ Y.
- Matanzas, Cuba.** Jefatura local de sanidad. Informe mensual.
[1913-14] 1915, [1916+] Y.
- Memphis.** Board of health. Annual report.
1881, 1883-86. S.L.
- Meriden, Conn.** Report.
1871-86, 1888+ S.L. 1889-92, 1894, 1896, 1898-99, 1901+
Y.
- Michigan.** State board of health.
Annual report. Lansing.
1, 1872+ S.L. 1-24, 26+ 1872+ Y.
Proceedings and addresses at the sanitary convention.
1882-83, 1886-92 [1893] 1894, [1897-98] Y.
Proceedings and addresses of the General conference of the health
officials in Michigan.
2-4, 6-7, 1894-1904. Y.
Public health, Michigan. Lansing.
Continues Teacher's sanitary bulletin.
1-5, [6-8] n.s. [1] 2-3, [4] 5+ 1906+ Y.
Teachers sanitary bulletin.
Continued in 1906 by Public health, Michigan.
[1-2] 3-8, 1898-1905|| Y.
- Middlebury, Conn.** Annual reports.
1880-85, 1888+ S.L. 1896+ Y.
- Middlefield, Conn.** Town reports.
1879, 1881-82, 1884+ S.L.
- Middletown, Conn.** Reports.
1876+ S.L. 1887+ Y.
- Milford, Conn.** Yearbook.
1881-91, 1893+ S.L. 1894+ Y.
- Milwaukee.** Health dept. Annual report.
14-15, 24-29, [30] 31-36, 1891-1912. Y. 1891-93, 1897-98,
1901, 1912. S.L.
- Milwaukee.** Health dept. Bulletin.
1, [2-5] 6, [7+] 1911+ Y.
- Milwaukee.** Health dept. Monthly report.
14-16, [17-18] 19, 1905-1910. Y.
- Minneapolis.** Board of health. Annual report.
1888-89, 1891. S.L. 1887/88. Y.
- Minnesota.** State board of health and vital statistics. Report. St.
Paul.
2-3, 6-11, 15-16, 18-19, n.s. 3-6, 1873-1915. Y. 1872-1902,
1909-10. S.L.
- Mississippi.** Board of health. Biennial report. Jackson.
1877-79. S.L.
- Missouri.** Board of health. Report. Jefferson City.
1884, 1888-91, 1901-02, 1904, 1908-17. S.L. 1890-91. H.M.
1888, 1890-91, 1908, 1913. Y.

- Monroe, Conn.** Annual report.
1890+ S.L. 1895-96, 1898+ Y.
- Montana.** State board of health.
Biennial report. Helena.
2, 1902/04+ Y. 1901-14. S.L.
Bulletin. Helena.
[1, 4] 5, [6, 8+], 1907+ Y.
- Montclair, N. J.** Board of health. Report.
17, 19-21, 1911-15. Y.
- Montville, Conn.** Statement of the town account.
1871, 1875, 1879, 1882-83, 1885, 1887, 1890-92, 1894-97, 1899+
S.L. 1894+ Y.
- Morris, Conn.** Town reports.
1878-79, 1882-88, 1890-91, 1895+ S.L.
- Nashville, Tenn.** Dept. of health.
Official report.
1912-15, [1916] 1917, [1918+] Y.
Report.
2-3, 37-41, 1876-1915. Y. 1896-1901, 1903. S.L.
- Naugatuck, Conn.** Annual report.
1877-78, 1882+ S.L. 1888-94, 1896, 1898+ Y.
- New Britain, Conn.** Annual report.
1891, 1895-1905. Y.
- New Britain, Conn.** Annual reports of the mayor and the several departments of the city.
1874, 1878+ Y.
- New Canaan, Conn.** Annual report.
1890-91, 1893-97, 1899+ S.L. 1895+ Y.
- New Fairfield, Conn.** Town reports.
1886, 1888, 1890, 1893+ S.L.
- New Hampshire.** Board of health.
New Hampshire sanitary bulletin. Concord.
Continued as the Quarterly bulletin.
[2-3] 1904-11. Y.
Quarterly bulletin. Concord.
Continues the New Hampshire sanitary bulletin.
[1-], 1912+ Y.
Report. Concord.
1-21, 23, 1881-1914. Y. 1881-1912. S.L. 5, 12-13,
15, 19, 1885-1904. H.M.
- New Hartford, Conn.** Annual report.
1878, 1880, 1882-83, 1885, 1887-88, 1891+ S.L. 1894+ Y.
- New Haven.** Health dept.
Annual report.
1, 1873+ Y. 1874-1912, 1914-17. S.L.
Monthly bulletin.
40, 1913+ S.L. Y. 45, 1918+ Y.B.
Monthly statement of mortality.
1874-1912. S.L. 1874-1904, [1905] 1906-07, [1908-09]
1910-11, [1912] Y.

- New Jersey.** Dept. of health. Annual report. Trenton.
2-16, 18-20, 22, 24+ 1877+ Y. 1877-1912. S.L. 17,
20-23, 28, 1892-1903. H.M.
- New London, Conn.** Annual reports.
1888-92, 1894, 1896, 1898, 1900+ Y. 1864-65, 1873. S.L.
- New London, Conn.** Health dept.
Annual report. 1908-10, 1913/14. Y.
Bulletin. [2+] 1915+ Y.
- New Milford, Conn.** Annual report.
1886+ S.L. 1894+ Y.
- New Orleans.** Board of health.
Biennial report. 1906+ Y.
Monthly report. [1908] 1909-12, [1913] 1914, [1915] 1916+ Y.
- New York (City).** Board of health. Quarterly report.
[1907-10] Y.
- New York (City).** Dept. of health.
Annual report.
None printed 1881-88.
1870-1912, 1914, 1916. Y. 1870-75, 1890-92, 1894, 1896,
1901-05, 1907-09. S.L.
Monograph series.
1916+ Y.
Monthly bulletin.
1-6, [7+], 1911+ Y.
Reprint series.
1, 1915+ Y.
Weekly bulletin.
[18-21], 1908-11; n.s. 1+ 1912+ Y.
- New York (State).** Dept. of health.
Annual report. Albany.
1-24, [25] 26-31, 33-34, 37, 1880-1916. Y.
1880, 1882, 1884-85, 1887-1902, 1906-11, 1913-17. S.L.
Health news. Monthly bulletin. Albany.
[1884/85-1886] 1887-89, [1890-91] 1892-93, [1894] 1895-1905;
n.s. [1-2] 3+ 1884+ Y.
Proceedings of the annual conference of the sanitary officers of the
state.
1901-02, 1905-13. Y.
- New York (State).** Health officer of the port of New York. Annual
report. Albany.
1911+ S.L.
- New York (State).** Metropolitan board of health. Annual report.
New York.
Continued by the Annual report of the Board of health of the Health de-
partment of the city of New York.
1-4, 1866-69|| S.L. Y.
- Newark, N. H.** Board of health. Annual report.
1882, 1885-89, 1898-99, 1901-02. S.L. 1915. Y.
- Newburgh, N. Y.** Annual reports.
1903-04. S.L.

- Newington, Conn.** Annual report.
1877, 1879-81, 1883+ S.L. 1895+ Y.
- Newport, R. I.** City documents.
1881-91, 1894-96, 1898, 1900+ Y.
- Newton, Mass.** Board of health. Annual report.
1888, 1891-93, 1897. S.L. 1902+ Y.
- Newtown, Conn.** Reports.
1891, 1893-97, 1899-1906, 1908, 1910-16. S.L. 1896-1908. Y.
- Norfolk, Conn.** Annual report.
1880-87, 1889+ S.L. 1894-98, 1900+ Y.
- Norfolk, Va.** Dept. of health. Report.
1911, [1912] Y.
- North Branford, Conn.** Annual report.
1874+ S.L. 1894+ Y.
- North Canaan, Conn.** Annual report.
1879-80, 1882-87, 1889+ S.L. 1895+ Y.
- North Carolina.** Board of health.
Biennial report. Raleigh.
1, 1879/80, n.s. 2-3, 8-14, 1879-1912. Y. 1879/80, 1885/86-
1903/04, 1909/10. S.L.
Health bulletin. Raleigh.
[4, 23-26] 27, [28-29] 30, [31+], 1889+ Y.
- North Dakota.** State board of health.
Biennial report. Jamestown.
1893-96, 1904-12. S.L. 1912/14. Y.
Bulletin. Grand Forks.
7, 1914+ Y.
- North Haven, Conn.** Annual reports.
1867+ S.L. 1894+ Y.
- North Stonington, Conn.** Report.
1873, 1889+ S.L. 1895+ Y.
- Northampton, Mass.** City reports.
1, 20-24, 26+ 1884+ Y. 1890, 1903-04. S.L.
- Norwalk, Conn.** Annual report.
1878, 1880-85, 1887-89, 1891-94, 1896+ S.L. 1894+ Y.
- Norwich, Conn.** Annual report.
1864, 1876-78, 1880-84, 1886, 1888-97, 1899+ S.L.
1890, 1894, 1896+ Y.
- Nova Scotia.** Dept. of public health.
Annual report.
1893-1908, 1911-12. S.L. 6, 23+ 1897+
Quarterly bulletin. [1914+]. Y.
- Ohio.** State board of health.
Annual report. Columbus.
1-30, 1886-1915. Y. 10, 16-17, 1894-1902. H.M.
1-29, 1886-1914. S.L.

Ohio sanitary bulletin.

Preceded by its Monthly sanitary record. Continued as its Monthly bulletin.
[I.s. 1-2, 2.s. 1-8] 9-10, [11-12] 1895-1908|| Y.

Monthly bulletin.

Preceded by Ohio sanitary bulletin. Continued as Ohio public health journal.
I.s. v. 1-2 have title: Quarterly bulletin.

I.s. 1-2, 2.s. 1-4, 1909-14|| Y.

Monthly sanitary record.

Continued as Ohio sanitary bulletin.

[1, 3-7] 1888-94|| Y.

Ohio public health journal.

Continues its Monthly bulletin.

[5-7] 8+ 1915+ Y.

Oklahoma. State board of health. Annual report. Guthrie.
1916-17. S.L.

Oklahoma. State public health dept. Biennial report. Oklahoma City.
1, 1909-10. Y.

Oklahoma. Territorial board of health. Biennial report. El Reno.
1891-98. S.L.

Old Lyme, Conn. Financial report.
1872, 1881, 1886-1908, 1910+ S.L. 1897+ Y.

Old Saybrook, Conn. Auditor's report.
1877-78, 1882-85, 1888+ S.L. 1896+ Y.

Omaha. Annual reports.
1887+ Y.

Omaha. Dept. of health. Annual report.
1894, 1897. S.L.

Ontario. Provincial board of health. Annual report. Toronto.
1882-84, 1886-1905, 1907-12. S.L. 2-4, 6-15, 17-18, 21-32,
1883-1913. Y.

Orange, Conn. Annual report.
1875-80, 1882+ S.L. 1887, 1889+ Y.

Orange, N. J. Board of health. Annual report.
1-6, 1908-13. Y.

Oregon. Board of health. Salem.
Annual report. 1914+ Y. 1908-10, 1914-16. S.L.
Biennial report. 1902-14, 1916+ S.L.
Bulletin. 1-4, 1903-? Y.

Oxford, Conn. Town report.
1878-79, 1882-84, 1887+ S.L. 1896+ Y.

Panama Canal. Health dept. Washington.
Annual report. 1906-07, 1909-14. Y.
Report. (Monthly) [1905] 1906-07, [1908] 1909-11, [1912, 1915] Y.

Passaic, N. J. City reports.
1904-05. Y.

Paterson, N. J. Annual reports.
1889-92, 1902-04, 1906-07, 1909+ Y.

- Paterson, N. J.** Board of health. Annual report.
1882-86, 1891-98. S.L.
- Pennsylvania.** Dept. of health. Harrisburg.
Annual report.
Continues Annual report of the State board of health and vital statistics.
1-9, 1905-14. S.L. Y. 8-9, 1913-14. H.M.
Health bulletin.
[1909-10] 1911, [1912-13] 1914+ Y.
- Pennsylvania.** State board of health and vital statistics. Annual report. Harrisburg.
Continued by the Annual report of the State dept. of health.
1-21, 1885-1905|| Y. 2-21, 1886-1905|| H.M. 1-20,
1885-1904. S.L.
- Peoria, Ill.** City comptroller's report.
1888-94, 1896, 1898-99, 1901+ Y.
- Perth Amboy, N. J.** City reports.
1903-04. S.L.
- Philadelphia.** Annual message of the mayor with annual reports.
1862-64, 1873-85, 1903-10, 1913+ S.L.
- Philadelphia.** Dept. of public health and charities. Annual report of the director and of the chief of the Bureau of health.
Continues Annual report of the Bureau of health of the Dept. of public safety.
1908-12. Y.
- Philadelphia.** Dept. of public safety. Bureau of health. Annual report.
In 1903 continued as Annual report of Dept. of public health and charities.
2-6, 8, 12-17, 1860-75. Y.
- Philippine Islands.** Health service. Manila.
Health bulletin. 2-3, 6-11, 1903-13. Y.
Quarterly report. [1901-04] 1905-16, [1917] Y.
Report. 1903-05, 1916. S.L. 1903/04-1916. Y.
- Phillipston, Mass.** Town reports.
1901-02, 1905-07. Y.
- Pittsfield, Mass.** Municipal register.
1904+ Y. 1892, 1898-1900. S.L.
- Plainfield, Conn.** Report.
1862, 1879-80, 1882-83, 1885+ S.L. 1895, 1904-07. Y.
- Plainville, Conn.** Annual report.
1869+ S.L. 1894+ Y.
- Plymouth, Conn.** Annual report.
1868+ S.L. 1894+ Y.
- Pomfret, Conn.** Annual report.
1876+ S.L. 1896+ Y.
- Portland, Conn.** Annual report.
1864, 1870, 1876-78, 1881+ S.L. 1896+ Y.
- Portland, Me.** Board of health. Annual report.
1887, 1889-96, 1914-15. S.L. 1887/88. Y.

Portland, Me. Mayor's address and annual reports.
1869-75, 1879-82. Y.

Portland, Ore. Health dept.
Annual report. 1897-98, 1903+ Y.
Report for the month. [1898] 1899, [1900] Y.

Porto Rico. Dept. of health. Report. Washington.
Continues the reports of the director of sanitation of Porto Rico.
1916/17+ Y.

Porto Rico. Director of sanitation. Report. San Juan.
Continued as the report of the Dept. of health.
1914-15|| S.L.

Porto Rico. Superior board of health. Report and vital statistics.
San Juan.
1900-03. S.L.

Preston, Conn. Annual reports.
1854-56, 1858, 1861, 1866-70, 1874-76, 1879, 1881-85, 1887-91,
1893-97, 1899+ S.L. 1900+ Y.

Prospect, Conn. Annual report.
1894+ Y. 1882-83, 1886-88, 1890-1908, 1911-14. S.L.

Providence, R. I. Board of health. Annual report.
1871-72, 1884-88, 1891-93, 1901-04, 1908. S.L. 2-31, 33,
1884-1915. Y.

Putnam, Conn. Town reports.
1879, 1882-85, 1887-88, 1890-91, 1893+ S.L.

Quebec (Province). Board of health. Annual report.
1, 1895+ Y. 1895-1914. S.L.

Redding, Conn. Annual report.
1882, 1889, 1891+ S.L. 1895+ Y.

Rhode Island. State board of health. Annual report. Providence.
1885-86, 1889-91, 1897-1900. H.M. 1879-1906, 1912. S.L.
1878-1903, 1905-06. Y.

Richmond, Va. Health dept. Annual report.
1876, 1906-12, 1914+ Y.

Ridgefield, Conn. Annual report.
1894, 1896+ Y. 1883, 1891, 1893-1917. S.L.

Rochester, N. Y. Bureau of health. Annual report.
1904-07, 1910-11. Y.

Rocky Hill, Conn. Report.
1875, 1879, 1881, 1883-85, 1887+ Y. 1895-98, 1900+ Y.

Roxbury, Conn. Annual report.
1883, 1889-91, 1893+ S.L. 1895-1901, 1903+ Y.

St. Joseph, Mo. Municipal reports.
1891/92, 1893/94, 1896/97, 1900-03, 1904-06. Y.

St. Louis. Health dept.
Annual report. 1878/79, 1881/82, 1883/84, 1885/86, 1886/87, 1888-93,
1901+ Y.
Bulletin. [1+] 1912+ Y.
Statement of mortality. [1886, 1908-10] 1911-12, [1913-16] Y.

- St. Paul.** Dept. of health. Annual report.
1885-86, 1888-1900, 1902-03, 1905-08, 1910, 1912-16. S.L.
1885-90, 1892+ Y.
- Salem, Conn.** Reports.
1874-77, 1879-83, 1885-87, 1899-1900, 1902, 1915+ S.L.
1899-1900, 1902. Y.
- Salem, Mass.** Board of health. Annual report.
1883, 1908. S.L.
- Salisbury, Conn.** Annual report.
1873-74, 1879, 1882-87, 1891+ S.L. 1888-93, 1902+ Y.
- San Francisco.** Dept. of public health.
Annual report. 1865+ Y. 1885, 1898-1900. S.L.
Bulletin. [1904-06, 1910] 1911-13, [1914] Y.
- Sanitary conference of the health officials of Connecticut.** Proceedings.
1904-05, 1907, 1910, 1912, 1914. S.L.
- Saybrook, Conn.** Statement of the financial affairs of the town.
1894+ Y. 1876, 1880+ S.L.
- Scotland.** Board of supervision for the relief of the poor. Annual report. Edinburgh.
1878/79, 1880-91, 1892/93. S.L.
- Scotland.** Local government board. Annual report. Edinburgh.
1894-1907. S.L.
- Scotland, Conn.** Town reports.
1887, 1890+ S.L.
- Scranton, Pa.** Bureau of health. Annual report.
1910-13. Y.
- Seattle.** Dept. of health and sanitation. Report.
1909-15. Y. 1912-16. S.L.
- Seymour, Conn.** Town report.
1869-74, 1876+ S.L. 1895+ Y.
- Sharon, Conn.** Annual report.
1875-77, 1879, 1881+ S.L. 1895-96, 1900-01, 1903+ Y.
- Shelton, Conn.** Borough reports.
1883-85, 1887-1903, 1905-10, 1913. S.L.
- Sherman, Conn.** Selectman's report.
1878+ S.L. 1895+ Y.
- Simsbury, Conn.** Annual report.
1862-65, 1870-76, 1878-79, 1881-84, 1886+ S.L. 1894-97,
1902-04, 1909+ Y.
- Somers, Conn.** Annual report.
1860, 1862, 1864, 1866, 1869-70, 1873, 1875, 1877, 1879-84, 1887+
S.L. 1896, 1908+ Y.
- Somerville, Mass.** Annual reports.
1887-89, 1891+ Y.
- Somerville, Mass.** Board of health. Annual report.
1880-86, 1888-89. S.L.

- South Carolina.** State board of health. Annual report. Charlestown.
1880-89, 1893-96, 1900, 1902, 1911, 1913. S.L. 1880-81. Y.
- South Norwalk, Conn.** Mayor's message.
1894-1907, 1912-13. S.L. 1897-1900, 1902, 1904, 1907. Y.
- South Windsor, Conn.** Report.
1862-65, 1867-74, 1876+ S.L. 1896+ Y.
- Southbury, Conn.** Town reports.
1873, 1878, 1891-96, 1898-1901, 1911+ S.L.
- Southern Rhodesia.** Dept. of public health. Annual report.
1907-12, 1914. S.L.
- Southington, Conn.** Annual report.
1859, 1865, 1867+ S.L. 1903+ Y.
- Sprague, Conn.** Annual report.
1882, 1884, 1890-91, 1893-97, 1899-1902, 1904+ S.L. 1897,
1901, 1903+ Y.
- Springfield, Mass.** Health dept. Annual report.
1901-07, 1909+ Y. 1905, 1914. S.L.
- Springfield, Mass.** Municipal register.
1870, 1872, 1874-75, 1885, 1890-92, 1894, 1904-06, 1908+ Y.
- Stafford, Conn.** Annual report of the board of school visitors.
1849, 1858, 1871, 1873, 1877, 1880-83, 1885+ S.L. 1895+
Y.
- Stafford Springs, Conn.** Borough reports.
1874-76, 1886+ S.L.
- Stamford, Conn.** Annual reports.
1883, 1885-86, 1890-97, 1899+ S.L. 1894+ Y.
- Sterling, Conn.** Annual reports.
1876-77, 1879, 1882-84, 1891, 1893-97, 1899+ S.L. 1894+
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- Stonington, Conn.** Town account.
1874-76, 1878-79, 1881-84, 1888-90, 1892+ S.L. 1895+ Y.
- Stratford, Conn.** Reports.
1883-84, 1890-91, 1893-97, 1899+ S.L. 1895+ Y.
- Suffield, Conn.** Annual reports.
1852, 1859-65, 1867+ S.L. 1895-1906, 1908+ Y.
- Syracuse.** Municipal reports.
1907+ Y.
- Tennessee.** State board of health. Bulletin.
[1-2] 3-8, [9] 10-11, [12-13] 1886-97. Y.
- Texas.** State board of health.
Bulletin. [2-4] 5-9, 1908-15. Y.
Report. 1904-06, 1908-10. S.L. 1882-1887/88, 1895/96-1910/12.
Y.
- Thomaston, Conn.** Annual report.
1875+ S.L. 1894-98, 1900+ Y.

- Thompson, Conn.** Reports.
1872, 1882-85, 1888, 1890-91, 1893, 1895-97, 1899+ S.L.
1895+ Y.
- Toledo.** Annual statement of the finances.
1875-77, 1879-81, 1885, 1887, 1889-1901. Y.
- Tolland, Conn.** Annual report.
1894+ Y. 1867, 1871, 1873-75, 1877-1909, 1911+ S.L.
- Torrington, Conn.** Report.
1895+ Y. 1874-75, 1879-80, 1882-83, 1885+ S.L.
- Toronto.** Board of health. Annual report of the medical officer.
1887-88, 1890. S.L.
- Trenton, N. J.** Annual report.
1908+ Y.
- Trumbull, Conn.** Statement of the treasurer.
1900+ Y. 1891, 1893-97, 1899+ S.L.
- Union, Conn.** Town reports.
1862, 1864+ S.L.
- U. S.** Isthmian canal commission. Dept. of health *see* Panama Canal. Health dept.
- U. S.** National board of health. Washington.
Annual report. 1-7, 1879-85|| S.L. Y.
Bulletin. [1-3] and supplement 1-4, 6-13, 15-16, 18, 1879-82. Y.
- Utah.** State board of health. Report. Salt Lake City.
1907-10. S.L.
- Vermont.** State board of health.
Bulletin. [2-3] 5+ 1901+ Y.
Report. 1-11, 13-20, 1866-1915. S.L. Y.
- Vernon, Conn.** Reports.
1895-99, 1901+ Y. 1869-76, 1878+ S.L.
- Virginia.** Dept. of health.
Annual report. 1872/73, 1910-1913/14. Y. 1909-12. S.L.
Virginia health bulletin. [1+] 1908+ Y.
- Voluntown, Conn.** Annual reports.
1894+ Y. 1879-84, 1886-1906, 1908-17. S.L.
- Wallingford, Conn.** Annual report.
1900+ Y. 1868, 1872-73, 1876-84, 1886, 1889-91, 1893+ S.L.
- Warren, Conn.** Town reports.
1896, 1899-1900, 1911+ S.L.
- Washington, Conn.** Reports.
1882+ S.L. 1900+ Y.
- Washington (State).** Board of health. Report. Olympia.
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1893-94. Y.
- Waterbury, Conn.** Reports.
1894-96, 1898-1908, 1910+ Y. 1884, 1886-1901. S.L.

- Waterford, Conn.** Town account.
1876, 1878-84, 1890-91, 1893-1915, 1917. S.L. 1896-97, 1899.
Y.
- Watertown, Conn.** Annual reports.
1872+ S.L. 1895+ Y.
- West Hartford, Conn.** Reports.
1870-75, 1877-78, 1880-83, 1885-87, 1889-91, 1893+ S.L.
1891+ Y.
- West Virginia.** State board of health. Biennial report. Charleston.
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- Westbrook, Conn.** Official report.
1882-83, 1890-91, 1893-97, 1899+ S.L. 1894-99, 1905+ Y.
- Weston, Conn.** Annual reports.
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- Westport, Conn.** Annual reports.
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- Wethersfield, Conn.** Annual report.
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- Williamstown, Mass.** Annual reports.
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- Willimantic, Conn.** Annual reports.
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- Willington, Conn.** Annual reports.
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- Wilton, Conn.** Annual report.
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- Winchester, Conn.** Town reports.
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- Windham, Conn.** Annual report.
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- Windsor, Conn.** Report.
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- Windsor Locks, Conn.** Annual reports.
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- Winona, Minn.** Board of health. Annual report.
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- Winsted, Conn.** Borough reports.
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- Wisconsin.** State board of health.
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- Wolcott, Conn.** Annual report.
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Woodbridge, Conn. Annual report.

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Woodbury, Conn. Annual reports.

1872+ S.L. 1895+ Y.

Woodstock, Conn. Reports.

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PROGRAMS OF THE COUNTY
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Programs of County Meetings.

FALL (SEMI-ANNUAL) MEETINGS.

MIDDLESEX COUNTY.

Chafee Hotel, Middletown, January 13, 1919.

PAPERS:

Tuberculosis Work in France. Dr. David R. Lyman.

NEW HAVEN COUNTY.

Hotel Elton, Waterbury, February 20, 1919.

Business Meeting only.

NEW LONDON COUNTY.

Crocker House, New London, October 3, 1918.

(In Conjunction with the Eleventh Semi-Annual Meeting of the Connecticut State Medical Society.)

ADDRESS OF WELCOME: Dr. William H. Hill.

RESPONSE TO ADDRESS OF WELCOME: Dr. C. J. Bartlett.

PAPERS:

Child Welfare Work in Connecticut. Miss Margaret K. Stack, Field Director, Child Welfare Department, Woman's Committee, State and National Councils of Defense.

Extra-Cantonment Sanitation. Its Relation to the Physician and the Civil District. Harry C. Cody, Past Assistant Surgeon, United States Public Health Service.

The Tuberculosis Problem in the Army. Lieutenant-Colonel Nelson Estes Nichols, Medical Corps, United States Army.

No semi-annual meetings were held in Fairfield, Hartford, Litchfield, Tolland and Windham counties.

SPRING (ANNUAL) MEETINGS.

FAIRFIELD COUNTY.

The Stratfield, Bridgeport, April 8, 1919.

VICE PRESIDENT'S ADDRESS:

Fracture and Dislocation of Dorsal Spine with Complete Rupture of Cord. Dr. George R. Hertzberg.

PAPER:

Intestinal Toxemia; Its Medical and Surgical Treatment. Dr. Waters F. Burrows, New York.

HARTFORD COUNTY.

Hunt Memorial Building, Hartford, April 1, 1919.

PAPERS:

- Complications of Influenza as Observed at a Base Hospital. Dr. John Carter Rowley.
The Treatment of Influenzal Pneumonia with the Serum and Whole Blood of Convalescent Patients. Dr. Henry Farnum Stoll.
Some Personal Observations on War Surgery. Dr. John B. McCook.
Experiences in France. Dr. William F. Verdi.

LITCHFIELD COUNTY.

Hotel Winchester, Winsted, April 22, 1919.

PAPERS:

- Experience in Service. Drs. C. H. Turkington, J. G. Adam, and H. B. Woodward.

MIDDLESEX COUNTY.

Chafee Hotel, Middletown, April 10, 1919.

PAPERS:

- War Developments in Medicine and Surgery:
(a) General Developments. Dr. John H. Mountain.
(b) Roentgenology. Dr. James Murphy.
(c) Psychiatry. Dr. R. Leighton Leak.

NEW HAVEN COUNTY.

New Haven Medical Association Building, New Haven, April 17, 1919.

PAPERS:

- A Study of the Influenza Epidemic of 1918 in Connecticut. Dr. J. F. Rogers, New Haven.
Discussion, Prof. C-E. A. Winslow, New Haven. (By invitation.)
Neuro-circulatory-asthenia. Dr. H. S. Arnold, New Haven.
Discussion, Capt. E. N. Packard, U. S. Army. (By invitation.)
Some Observations upon Influenza. Dr. George Blumer, New Haven.
Discussion, Dr. W. S. Russell, Wallingford.
The Surgical Treatment of Empyema. Dr. A. J. Mendillo, New Haven.
Discussion, Dr. N. A. Pomeroy, Waterbury.

NEW LONDON COUNTY.

The Wauregan, Norwich, April 3, 1919.

PAPER:

- Anaesthesia. Dr. A. H. Miller, Providence, R. I.

TOLLAND COUNTY.

The Rockville House, Rockville, April 15, 1919.

PAPERS:

Importance of the Recognition of Vesiculo-Prostatitis by the General Practitioner. Dr. Charles S. Stern, Hartford.

Medical and Surgical Lessons of the War. Dr. John E. Flaherty.

WINDHAM COUNTY.

Putnam Inn, Putnam, April 17, 1919.

PAPER:

Some Surgical Aspects of the Sequelae of Influenza. Dr. Clarence Crane, Boston.

LITCHFIELD COUNTY.

Hotel Winchester, Winsted, April 22, 1919.

PAPERS:

Experiences in Service. Drs. Turkington, Adam and Woodward.

OBITUARIES.

William J. Delaney, M.D., Naugatuck.

THOMAS M. BULL, M.D., Naugatuck.

Dr. William J. Delaney, the subject of this sketch, was born in Peterborough, Ont., June 11, 1865. He received his early education in the schools of his native town and later at St. Michael's College, Toronto. He was graduated in medicine at McGill University in 1889. He served one year in the Polyclinic Hospital in New York, and in 1891 opened an office in Naugatuck, where he continued to practice till the time of his death and built up a large and lucrative practice, specializing to a considerable extent in obstetrics.

He married in June, 1897, Katherine O'Callahan, of Waterbury, Conn. They had four children, of whom the two older boys are now in the service of their country.

He was a member of many societies including the Knights of Columbus and Elks. He was a member of the Naugatuck Board of Education for fifteen years, serving both as its secretary and president.

He was at one time Secretary and, later, President of the Naugatuck Medical Society; member of the Waterbury Medical Society; member, and, in 1909, President, of the New Haven County Medical Society; also member of the State and American Medical Associations, and was always very faithful in attendance at the various meetings of these societies.

Personally, I knew the Doctor very well and, in the course of the twenty-seven years that we practiced side by side (for our offices were but a stone's throw apart) had only the pleasantest of relations with him. We differed in politics, religion and philosophy, and we never took any particular pains to minimize the differences. But his politics were democratic enough to admit that his party might sometimes be wrong and the opposition right. His religion was catholic enough to not only admit but earnestly maintain the thesis that there might be hope for others than those of his immediate household of faith; and his philosophy was broad enough, even while he was convinced of

his own position and stoutly maintained it, to allow that a man had the right to his own opinion and should not be disturbed in it.

He was one of the best-known men in the Society. Many a man of national or international reputation was not so well known among the rank and file of the membership as Doctor Delaney.

He died in Naugatuck, June 14, 1918, and was buried in St. Patrick's Cemetery in Hartford.

Charles Woodward Gaylord, M.D., Branford, Conn.

WILLIAM WHITNEY HAWKES, M.D., New Haven.

Charles Woodward Gaylord was born in Wallingford, Conn., August 28, 1846. During his boyhood on the farm he attended the district school and later prepared for college at the Connecticut Literary Institute, located at Suffield. He was graduated from the Academic Department of Yale in 1870, and from the Yale Medical School in 1872. After a short course at Bellevue Hospital, he opened an office for the practice of medicine in Wallingford but shortly removed to Branford, where he practiced his profession with very little interruption until a few weeks before his death, which occurred on August 4, 1918, following a surgical operation done at the New Haven Hospital.

His paternal ancestors in this country began with Deacon William Gaylord, who came from his native country, England, to America in 1630 and in 1636 settled in Windsor, Conn. The line of descent came down through Joseph, born 1644; John, who was born in 1677 at Buck's Hill and settled in Wallingford; then Nathan, born 1724; John, who was born in 1752, and first developed the farm in the west side of Wallingford, where the present Gaylord Farm Sanatorium is located, and served as a soldier in the War of the Revolution; John, his son, born 1790, soldier in the war of 1812 and farmer in Wallingford. His son, David P. Gaylord, born 1814, also a farmer in Wallingford, wedded Bertha Bertholomew, from which union came three children, one of whom was our Charles W. Gaylord, who was married February 27, 1873, to Anna Rose, daughter of Asa and Electra A. (Bushnell) Rose, of Essex, Conn. She passed away February 19, 1916. Of their ten children, six are now living, as follows: Lynde Vincent Gaylord, living in Cleveland, Ohio; Bertha R. Gaylord; Anna E.; Dr. Charles W., Jr.; Ruth M. (Mrs. Girdon C. Swift), and Donald D.; all of Branford. Dr. Charles W. Gaylord, Jr., is a Medical Officer in the United States Army of Occupation in Germany. Donald D. Gaylord is also in overseas duty with the Forestry Division of the 10th Regiment of Engineers.

When our country entered the World War, Dr. Charles W. Gaylord, Jr., was practicing with his father in Branford and the latter had lotted for years upon this association and succession; had arrived at the age, too, when he sorely needed his son, and nevertheless when the call came advised him to enter the service of his country. This advice was characteristic of the father's lifelong devotion to duty.

Dr. Gaylord was a member and, at one time, President, of the New Haven County Medical Society; member of the American Medical Association; of the National Association for the Prevention and Cure of Tuberculosis. He had held the positions of Health Officer and of Medical Examiner for the towns of Branford and North Branford continuously since 1896 and was a member of the School Board twenty-seven years. He was president of the Board of Trustees of the Blackstone Memorial Library, of which he was one of the original incorporators, and was founder and president of the Branford Visiting Nurse Association.

He was a member of the original Board of Directors of the New Haven County Anti-Tuberculosis Association and second vice president from its organization till his death, and also was a member of the Medical Board of the Association. At the time when the Association was seeking a site, Dr. Gaylord and other members of his family offered their old homestead at a very low figure as a contribution toward the cause, and the name given the institution, The Gaylord Farm Sanatorium, was in recognition of this fact. He was an unfailing attendant at all meetings of the Board of Directors.

Dr. Gaylord was very active in the religious and humane work of the Congregational Church of Branford, in which he held various offices. No public movement for the benefit of the town or its people failed of his enthusiastic and efficient support. The purity and beauty of his home life and the unremitting devotion to the varied and arduous labors of a country practitioner, contribute to complete a life of unusual honor and usefulness, the keynote of which through all its tones was service—service to the public, to his profession, to his family, and to his God. He made the world better for his living in it and many there be who aver that his place can hardly be refilled.

Jeremiah E. McSweeney, M.D., Hartford.

WILLIAM H. CROWLEY, M.D., Hartford.

Dr. Jeremiah E. McSweeney, of 20 Wethersfield Avenue, Hartford, prominent in medical circles in this state, died at St. Francis Hospital following an operation for mastoiditis. Meningitis developed, causing his death.

Dr. McSweeney was born in North Creek, N. Y., and was educated in the schools of that town. He later attended the University of Vermont and was graduated from the medical school there in the class of 1891. Following his graduation, he practiced his profession in Barre, Vt., up to nine years ago when he came to live in Hartford. Since he came to Hartford he had taken an interest in all medical lines and was an active physician here.

He was affiliated with the American Medical Association, the Connecticut State Medical Association, the Hartford County Medical Association, the City Medical Association, the Knights of Columbus, the Catholic Order of Foresters, and was also an active member of St. Vincent de Paul Society in this city.

Besides his wife, Mrs. Annie Bray McSweeney, he leaves one son, Lawrence; his brother, a professor at the University of Vermont; and several sisters.

Joseph B. Monahan, A.B., M.D., New Haven.

MORRIS D. SLATTERY, M.D., New Haven.

Dr. Joseph B. Monahan was born in Southington, Conn., December 5, 1868. His parents were James and Bridget Monahan, who were born in Ireland. They were among the first Irish settlers in that town, and enjoyed a reputation of the highest character for truth and probity. They amassed a considerable fortune for those days and gave their children the advantage of higher education.

David H. was graduated from Manhattan College and Dartmouth Medical College, and is at present practicing medicine in Bridgeport, in which city he is a member of the Board of Health and has served several years on the Board of Education.

Julia A. was graduated from Mount St. Joseph's Seminary in Hartford and the New Britain State Normal School, and at the present time is a successful teacher in the New Haven schools.

At the death of their father all the factories in the town closed for one-half day in respect to his memory. Some years later, when the mother died, a shorter but similar testimonial was tendered.

Dr. Joseph B. Monahan's early education was in the public schools of Southington, from which he entered Fordham University where he was graduated. Later he entered Dartmouth, from which he received his medical degree November 12, 1894. He opened an office in New Haven on Congress Avenue, and remained in that section for several years, later moving to Howard Avenue, where he had considerable property.

Seven years ago Dr. Monahan's health began to fail and he was ordered by his physician, Dr. S. J. Maher, to White Haven, Pa. He remained there almost a year and during that time served on the staff of the White Haven Sanatorium. Returning to Connecticut, he became interested in the Norwich Sanatorium and several times, during Superintendent Campbell's vacations, took charge of that institution.

During the past summer Dr. Monahan helped on the Draft

Board, feeling he must "do his bit" as he was not able to take a more active part. It was during the influenza epidemic in the fall that he showed his great love of humanity and forgetfulness of self. Until completely exhausted he went among his patients ministering help and comfort. Often he was obliged to sit for a rest at the top of a flight of stairs, which he had climbed, before entering the sick-room. Finally he fell a victim to the dread disease himself, and the day after Thanksgiving he took to his bed. Heart trouble set in and death followed, March 25, 1919.

His earliest friends speak of him as always quiet and considerate, as his patients and friends found him in later life. Nothing was too arduous to relieve the sufferings of those with whose care he was entrusted. His large clientele hold his memory in loving remembrance as that of one who was all that is best in his profession. He was an affectionate son and brother. He was a loyal and true friend, as the host of those who mourn his death testify. He was a lover of good pictures, flowers and the beautiful. He enjoyed the company of children, showing the simplicity of his character, and to one and all he was the sympathetic gentleman, as well as the highest type of a medical doctor.

I have known Dr. Monahan since he entered the practice of medicine in New Haven. We were neighbors and practiced in the same locality. He was of a modest, retiring disposition, with a pleasing personality. He had a keen sense of humor, which was greatly appreciated by his patients, who enjoyed his optimistic visits.

Dr. Monahan was a practitioner of great merit, whose diagnosis was accurate, technic careful, and treatment efficient. He never had an unkind word to say of his fellow practitioner, and his word was as good as his bond.

He was affiliated with the American Medical Association, New Haven and State Medical Societies, fourth degree, Knights of Columbus, Holy Name Society, the Elks, the Septimo, and the Eagles. He was for some years a Medical Inspector of Public Schools in New Haven.

He was buried in Southington in the family plot.

"None knew him but to love him,
None named him but to praise."

Louis Ovide Morasse, M.D., Putnam, Conn.

FREDERICK A. MORRELL, M.D., Putnam, Conn.

Dr. Louis Ovide Morasse died in Putnam on June 30, 1918. He was born in Sorel, Province of Quebec, Canada, November 15, 1860, and was the eldest son of Louis and Annette (Pouliot) Morasse.

At the age of twelve years he entered the Seminary of Three Rivers. He was graduated from Sorel College in 1878. He was a classmate of the Honorable Sir Lomer Gouin, Premier of the Province of Quebec. After his graduation from Sorel College, he attended a medical course at the Victoria University at Montreal and received his diploma in 1884.

He commenced practicing medicine in Sorel, remaining there until 1885 when he removed to Southbridge, Mass., and in 1887 he came to Putnam, Conn., succeeding Dr. F. X. Barolet, who had practiced in Putnam for several years.

He was married May 3, 1886, to Miss Zelia Bronze, who survives him.

In 1904 he went to Paris for his health and for a further study of medicine. He left Paris in 1908 and came to Woonsocket, R. I., and bought the drug store of Dr. Maranda and remained in Woonsocket for three years when he returned to Putnam, Conn., in 1912, and resumed the practice of medicine.

He was always interested in public affairs and held many positions connected with his practice as a physician. At the time of his death he was Health Officer for the city of Putnam and Town Physician for the town of Putnam. He was a member of the Putnam Lodge of Elks, the Putnam Lodge of Owls, the Putnam Lodge of the Knights of Columbus, the Artisans, the Union St. Jean Baptist and the Ancient Order of United Workmen, and was examiner for all these different orders.

For many years he held the office of Justice of the Peace and Notary Public.

Dr. Morasse was always prominent in the French Canadian Conventions and was very earnest and successful in his efforts

to raise the people of his country to high standards of living and American citizenship. His advice and counsel were eagerly sought by newly arrived Canadians in this vicinity, and his constant endeavor was to make the people coming from Canada feel at home in the land of their adoption.

He was a man of genial disposition and had many and close friends amongst all classes of citizens. As a physician, he was capable and successful. As a man he was upright and honest, and the friends who mourn him, both within the profession and without, are innumerable.

Rienzi Robinson, M.D., Danielson.

GEORGE M. BURROUGHS, M.D., Danielson.

Dr. Rienzi Robinson was born in Canterbury, Conn., May 31, 1842, son of Ralph W. and Mary Wheeler Robinson, and was one of a family of six children. In his childhood days the family moved to a farm in Hampton, Conn., where he spent a strenuous life until he left the farm. He attended the Hampton School and later the Killingly High School, when the duties on the farm would permit,—never being able to begin the school year until the fall harvesting was done.

He was strong, wiry, and very active, and has given the writer interesting accounts of his contests with the scythe, loading hay and other work on the farm with the best and fastest workers of the neighborhood. This spirit of industry continued through his long and useful life.

In early life he had a desire to become a lawyer and through the influence of a mutual friend arrangements were made for him to enter the office of a prominent lawyer at Hartford; but his father vetoed the plan, so he began teaching school.

In the early part of the Civil War he was engaged in a government clerkship at Washington. In 1865 he returned to his work as school teacher at Jewett City. It was there that he met Mrs. Jane Douglass Prentice, a teacher in the school, and on September 12, 1866, they were married at her home in Griswold, Conn. Soon after their marriage they went to Hudson, Ohio, where he was engaged in life insurance work. It was not long before the position as principal of the grammar school at Ravenna, Ohio, was offered him and he accepted, his wife accepting a position as assistant teacher.

It was while he held that position that he began the study of medicine under the preceptorship of a local physician. After finishing the school year at Ravenna he entered the College of Physicians and Surgeons, New York, later going to the Long Island College Hospital where he was graduated with the class of 1869.

In September, 1869, he came to Danielson and purchased the practice and property of Dr. J. W. Martin, whose house was located on the site of the present town hall. At a later date, there being an urgent demand for a town hall, centrally located, Dr. Robinson sold the property to the Music Hall Company, who erected the building which is now the Killingly Town Hall, but was for a number of years known as Music Hall. He was one of the principal promoters and an original stockholder in the enterprise. In 1884 he built the house on the corner of Main and Winter Streets which he occupied up to the time of his death.

Dr. Robinson was an enthusiastic reader of literature pertaining to the practice of medicine and kindred subjects. He had a retentive memory which served him well in his practice and in consultations. He was a hard worker, but he believed that all work and no play was not good for a busy physician. Accordingly he took a number of trips for rest and recreation, including those to Europe, Egypt, Cuba, California, Yellowstone Park and Florida. On a number of occasions he took a short time off to attend clinics in New York and Boston. A number of physicians, including Drs. Bassett, Sawtelle, Danielson, and Bates, began the study of medicine with Dr. Robinson as preceptor.

He was fond of chess and of auction bridge and the writer recalls many pleasant evenings spent in friendly rivalry at the latter game. He was also fond of music and in early life played the flute but later took up the violin. It was his custom when tired, mentally and physically, to play his violin.

He was a judge of horses and always drove a good one. For a number of years he resented the intrusion of the automobile, but finally sold his horse and bought a car.

He was a believer in, and an ardent worker for, temperance.

He was vitally interested in the welfare of his town and its people. For a number of years he was a director of the public library and a trustee of the Brooklyn Savings Bank; he was also a member of the building committee of the Killingly High School. Dr. Robinson was a past-master of Moriah Lodge No. 15, A. F. & A. M.

In the early years of his practice Dr. Robinson was assisted by his wife, a beautiful woman of amiable disposition and loved

by all who knew her. To them a daughter was born, but she died in early childhood. Mrs. Robinson died November 11, 1892. On February 22, 1894, Dr. Robinson married Marinda C. Butler, who survives him.

Dr. Robinson was early identified with the Windham County Medical Society and the Connecticut Medical Society. He attended the meetings and was always ready to do his share of the work. He was President of the Connecticut Medical Society in 1896. At the formation of the Committee on Sanatorium for Nervous Poor in 1911, Dr. Robinson, who was the pioneer in advocating such an institution, was appointed chairman of the committee, which position he held until he felt obliged to resign on account of the condition of his health. During the past fifteen years he was compelled to take numerous vacations to recuperate, but he showed a wonderful amount of vitality, and continued his work until two months before his death.

When he was about seventy years of age a rugged young man, who had a fancied grievance, entered his office and attacked the doctor. Notwithstanding his seventy years of hard work, he threw the intruder to the floor, took away the weapon he carried, and held him until an officer arrived.

Dr. Robinson died January 31, 1919, after having practiced in Danielson for half a century, lacking only a few months.

He is survived by his wife, Mrs. Marinda C. Butler Robinson; a sister, Mrs. Ellen R. Bennett; and a step-son, Arthur B. Prentice.

May we all lead as useful lives as our departed colleague.

Joseph P. Ryan, M.D., Hartford.

HARRY S. REYNOLDS, M.D., Hartford.

Joseph P. Ryan, for a number of years a member of the city, county, and state societies, died, after a prolonged illness, at St. Francis Hospital, Hartford, February 17, 1919, in his thirty-ninth year.

Dr. Ryan was educated in the public schools of Danbury and was graduated in medicine at the College of Physicians and Surgeons, Columbia University, 1902.

His hospital internship was spent at St. Francis Hospital, Hartford, after which he began the practice of medicine in Hartford, locating on Niles Street. Later he moved his office to Church Street and continued there until the time of his death.

For nine years he was an attending surgeon at St. Francis Hospital, in charge of the service during July, August and September of each year. He devoted his entire time to surgery, and with the approaching fall of 1917 his health was such that he was compelled to retire from active work and seek rest in the South. He returned to his home April 7, 1918, and since had been confined to his room at the hospital.

Dr. Ryan made a host of friends in the city and throughout New England, and his untimely death has proved a severe loss to his many friends and associates, and to St. Francis Hospital, where his untiring efforts, his keen surgical judgment, and his genial good nature are now a fond memory.

Devoted to his home, his work, and happy with the association of his many friends, he apparently improved upon his return from the South under the watchful care of the Sisters and nurses at the hospital, but, although of the most optimistic frame of mind and cheerful to the last, his bodily resistance failed in the long course of his illness.

Dr. Ryan is survived by his wife and son, James; one sister, Mrs. T. Ryan; two brothers, Miles Ryan, and General James Ryan of the regular army.

CHARTER AND BY-LAWS.

Resolution Amending the Charter of the Connecticut Medical Society.

GENERAL ASSEMBLY.

JANUARY SESSION, A.D. 1905

Resolved by this assembly:

Section 1. That the charter of the Connecticut Medical Society, approved June 5, 1834, and as the same has been amended from time to time, be and the same is hereby amended so as to read as follows:

That all persons who are now members of the Connecticut Medical Society and all physicians and surgeons who shall hereafter be associated with them in pursuance of the provisions of this resolution shall be and remain a body politic and corporate by the name of The Connecticut State Medical Society; and by that name they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded, in all suits of whatever name and nature; may have a common seal and may alter the same at pleasure; and may also purchase, receive, hold, and convey any estate, real and personal, to an amount not exceeding one hundred thousand dollars.

Sec. 2. The superintendence and management of the corporation shall be vested in a board to be known and called by the name of The House of Delegates of The Connecticut State Medical Society, which board shall have power to establish officers in said corporation and prescribe the duties of the several officers and of the members of said corporation and may fix their compensation; to establish the conditions of admission to and dismissal and expulsion from said society; to lay a tax from time to time upon the members, not exceeding five dollars in each year, and to collect the same; to hold and dispose of all moneys and other property belonging to the corporation in such manner as they may deem proper to promote the objects and interests of the society; and in general to make such by-laws and regulations for the due government of the society, not repugnant to the laws of the United States or of this state, as may be deemed necessary.

Sec. 3. The House of Delegates of The Connecticut State Medical Society shall be composed of, (1) ex officio, the president and secretary of the society; (2) delegates to be elected annually as hereinafter provided, by the several county medical associations in this state which heretofore have been and now are affiliated with The Connecticut Medical Society; and (3) eight councilors to be elected from time to time as hereinafter provided.

Sec. 4. An annual meeting of the corporation for the election of officers and such other business as may from time to time arise, shall be held during the month of May in each year and upon such day in said month as the House of Delegates shall from time to time prescribe.

Sec. 5. At a meeting to be held at least twenty days in advance of the annual meeting of the corporation in each year, every affiliated county association shall elect a delegate or delegates to represent it in the House of Delegates of this society in the proportion of one delegate to each thirty-five members, or any part of that number, and the secretary of such affiliated county association shall send a list of such delegates to the secretary of this corporation at least twenty days before the date of said annual meeting.

Sec. 6. The first councilors shall be appointed by the president, one from each county, who shall serve for one year or until their successors shall be elected. At their annual meeting in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield, and Tolland counties shall serve for two years; and at the expiration of the term of office of the councilors, so elected, each affiliated county medical association shall, biennially thereafter, elect a councilor, who shall serve for two years.

Sec. 7. The secretary of every affiliated county medical association in this state shall, in May, 1905, and annually thereafter, at least ten days before the annual meeting of the society, file with its secretary a list of all members of said respective county associations who are at the time in good and regular standing, and thereupon all such persons shall become and be members of The Connecticut State Medical Society without further action.

The Connecticut State Medical Society.

BY-LAWS.

CHAPTER I.

Section 1. Name. The name and title of this organization shall be The Connecticut State Medical Society.

Sec. 2. Purposes of the Society. The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Connecticut, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Sec. 3. Component Associations. Component Associations shall consist of those county medical associations which heretofore have been and now are affiliated with the Connecticut Medical Society.

Sec. 4. Composition of Society. This Society shall consist of members, delegates, guests, and honorary members.

Sec. 5. Members. Members of this Society shall be members of the component county medical associations.

Sec. 6. Delegates. (1) Delegates shall be those members who are elected by the component county associations; (2) the Councilors; their respective component associations in the House of Delegates of this Society.

Sec. 7. Guests. Any distinguished physician not a resident of this State who is a member of his own State Association, may become a guest during any annual session on invitation of

the officers of this Society and shall be accorded the privilege of participating in all the scientific work for that session.

Sec. 8. Honorary Members. Eminent physicians, not residents of this State, may be elected Honorary Members by a major vote of the House of Delegates after nomination of one year, but shall not exceed three in any one year.

Honorary Members shall have all the privileges accorded by Section 7 to guests.

CHAPTER II.—MEMBERSHIP.

Section 1. The name of a physician upon the properly certified roster of members of a component association, who has paid his annual assessment, shall be *prima facie* evidence of membership in this society.

The annual tax shall be collected from all such members except the secretaries of County Medical Associations, but the taxes of any member may be remitted by vote of the House of Delegates upon recommendation of any County Medical Association.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component association, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of the Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component association of which he is a member.

CHAPTER III.—HOUSE OF DELEGATES.

Section 1. The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) delegates elected by the component county associations; (2) the Councilors; and (3), *ex officio*, the President and Secretary of this Society.

Sec. 2. The House of Delegates shall meet on the first day of the annual session. It may adjourn from time to time as may be

necessary to complete its business, provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the programme.

Sec. 3. Each component association shall be entitled to send to the House of Delegates each year, one delegate for every thirty-five members, or any part of that number.

Sec. 4. Fifteen delegates shall constitute a quorum.

Sec. 5. It shall, through its officers, Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly strive to make each annual session a stepping-stone to further advancement.

Sec. 6. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

Sec. 7. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interests in such county associations as already exist and for organizing the profession in counties where associations do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county in the State who can be made reputable has been brought under medical society influence.

Sec. 8. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results discussed and utilized.

Sec. 9. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Sec. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates.

Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 11. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

Sec. 12. Sections and District Societies. The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Associations as will promote the best interests of the profession, such associations to be composed exclusively of members of component county associations.

CHAPTER IV.—SESSIONS AND MEETINGS.

Section 1. The Society shall hold an annual session, during which there shall be held daily General Meetings which shall be open to all registered members, guests and honorary members.

Sec. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

Sec. 3. Special meetings of either the Society or the House of Delegates shall be called by the President, on petition of ten (10) delegates or fifty (50) members.

Sec. 4. General Meetings. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice Presidents, and before them shall be delivered the address of the President and the orations.

Sec. 5. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and the public.

CHAPTER V.—OFFICERS.

Section 1. The Officers of this Society shall be a President, two Vice Presidents, a Secretary, a Treasurer, and eight Councilors.

Sec. 2. The officers, except the Councilors, shall be elected annually. The first Councilors shall be appointed by the President, one from each county, who shall serve for one year, or until their successors shall be elected. At their annual meetings in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield, and Tolland counties shall serve for two years, and at the expiration of the term of office of the councilors so elected, each affiliated county medical association shall, biennially, elect a councilor, who shall serve for two years.

Sec. 3. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

Sec. 4. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session, but no delegate shall be eligible to any office named in the preceding section except that of councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

CHAPTER VI.—DUTIES OF OFFICERS.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; shall deliver an annual address at such times as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office and, as far as practicable, shall visit by appointment the various sections of the State and assist the Councilors in building up the county associations and in making their work more practical and useful.

Sec. 2. The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation, or removal, the Council shall select one of the Vice Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of \$1,000, the manner of bonding to be left to the Council. He shall demand and receive all funds due the Society, together with the bequests and donations. He shall pay money out of the treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates of the annual sessions. He shall, with the coöperation of the secretaries of the component associations, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county association, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county associations and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component association with the necessary blanks for making their annual reports. Acting with the Committee on Scientific Work, he shall prepare and issue all programmes. The amount of his salary shall be fixed by the Council.

CHAPTER VII.—COUNCIL.

Section 1. The Council shall consist of one Councilor from each county and the President and Secretary ex officio. It shall be the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

The Board of Councilors shall appoint from its own members two members who, with the Treasurer of the Society, shall constitute a sub-committee to be designated a Committee on the Permanent Funds, whose duty it shall be to advise on the investment of such funds as the Society may have or receive by bequest or donation, according to the laws of the State of Connecticut governing trust funds. This committee shall, through the Chairman of the Council, recommend to the House of Delegates the disposition to be made of the permanent funds, both principal and income.

Sec. 2. The Council shall meet daily during the session, and at such other times as necessity may require, subject to the call of the chairman or on petition of three Councilors. It shall meet on the last day of the annual session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Sec. 3. The Board of Councilors shall constitute the nominating committee of the Society. They shall report as such to the House of Delegates on the first day of the general session. After the report has been submitted an opportunity shall be given for other nominations to be made.

Sec. 4. Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component associations where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county associations and their members. He shall make an annual report of his work and of the condition of the profession

of each county in his district at the annual session of the House of Delegates.

Sec. 5. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component associations, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component associations on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 6. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions, and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. As the Finance Committee, it shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society, and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of this Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or the Treasurer, the Council shall fill the vacancy until the next annual election.

CHAPTER VIII.—COMMITTEES.

Section 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Medical Examination and Medical Education.

A Committee on Honorary Members and Degrees.

A Committee on Arrangements, and such other committees as

may be necessary. Such committees shall be elected by the House of Delegates unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Fifteen days previous to each annual session it shall prepare and issue a programme announcing the order in which papers, discussions and other business shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of one member from each component association, and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of the public health and scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state, and national affairs and elections.

Sec. 4. The Committee on Medical Examination and Medical Education shall consist of five members, who shall be appointed in accordance with Sec. 4717 of the general statutes of the State of Connecticut. The committee shall conduct the medical examination of candidates for certificates of qualifications for license to practice medicine in the State in accord with the requirements of the Medical Practice Act. It shall annually present a written report to the House of Delegates. The committee shall also be a committee on medical education and shall coöperate with the council of education of the American Medical Association in the effort to elevate the standard of medical education in the United States.

Sec. 5. The Committee on Honorary Members and Degrees may present annually to the House of Delegates the names of not more than three eminent physicians, not residents of this state, as candidates for honorary membership in this Society. Such candidates may be elected honorary members in accordance with the provisions of Chap. I, Sec. 8, of the By-Laws.

Sec. 6. The Committee on Arrangements shall be appointed by the component association in which the annual session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees. Its chairman shall report an outline of the arrangements to the Secretary for publication in the programme, and shall make additional announcements during the session as occasion may require.

CHAPTER IX.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship, this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of reelection.

CHAPTER X.—FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component association. The amount of the annual assessment per member shall be fixed by the House of Delegates.

Funds may also be raised by voluntary contributions, for the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

CHAPTER XI.—REFERENDUM.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the

members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its members present, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

CHAPTER XII.—COUNTY ASSOCIATIONS.

Section 1. All County Associations now in affiliation with the Connecticut Medical Society shall be component parts of this Society.

Sec. 2. Each County Association shall judge of the qualification of its members, but as such associations are the only portals to this Society and to the American Medical Association, all reputable and legally registered physicians, except those who practice or claim to practice or lend support to any exclusive or irregular system of medicine, shall be entitled to membership.

No physician shall be admitted to or retain membership in a County Medical Association after the expiration of his present contract who has agreed to furnish medical services to any organization or union for a stipulated sum per member, or for other consideration than the regular local fee for such services.

Sec. 3. Any County Medical Association may suspend or expel any member who is guilty of improper or unprofessional conduct, by a two-thirds vote of the members present and voting at any regular meeting, provided due notice has been given on the programme of said meeting at least ten days before its session. When from any cause a member of the Connecticut State Medical Society ceases to be a member of one of the component county medical associations, his membership in the Connecticut State Medical Society shall terminate, but any physician who may feel aggrieved by the action of the association of his county in refusing him membership or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 4. In hearing appeals the Council may admit oral or

written evidence as in its judgment will be best and to most fairly present the facts, but in case of every appeal, both as a Board and as individual councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 5. When a member in good standing in a component association moves to another county in this state, his name, on request, shall be transferred, without cost, to the roster of the county into whose jurisdiction he moves.

Sec. 6. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the association in whose jurisdiction he resides.

Sec. 7. Each component association shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral, and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 8. At some meeting in advance of the annual session of this Society, each county association shall elect a delegate or delegates to represent it in the House of Delegates of this Society in the proportion of one delegate to each thirty-five members, or any part of that number, and the Secretary of the Association shall send a list of such delegates to the Secretary of this Society at least twenty days before the annual session.

In the case of death, illness or disability of a Councilor or delegate, the President of the County Association in which the vacancy occurs shall appoint a substitute Councilor or delegate, with full power to represent his county during the Councilor's or delegate's disability, or until the successor of such appointee is elected at the next meeting of the County Medical Association.

Sec. 9. The Secretary of each component association shall keep a roster of its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of registration in

this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

Sec. 10. The fiscal year of the Society shall terminate on April 30 of each year.

On or before May 10 of each year the Secretary of each component association shall make a report to the Treasurer of the Society on a blank provided by the Treasurer for that purpose, stating, 1st, the number of members from his county and the number exempt; 2d, the total amount collected on the tax of that fiscal year; the amount collected during the year on taxes in arrears; the amount of taxes still in arrears for one year previous; the amount in arrears for two years previous, together with a check to cover the above mentioned collections.

The bills for the tax laid at the annual meeting shall be sent to each member by the respective county clerks on the first day of June of each year.

The clerk of each component association shall forward its roster of officers and list of members and of non-affiliated physicians to the Secretary and Treasurer of this Society each year within five days after the annual session of his county association.

Sec. 11. The several county medical associations shall have power to adjourn; to call special meetings, as they shall deem expedient; and to adopt such by-laws as they find desirable, not contrary to the laws of this State or the charter and by-laws of The Connecticut State Medical Society.

CHAPTER XIII.—MISCELLANEOUS.

Section 1. No address or paper before this Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary before reading. No paper shall be read before this Society which has been previously published or read before any other organization.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with the charter and by-laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XIV.—AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all delegates present at that session, after the amendment has been laid on the table until the next annual session. If, however, the proposed alteration has been published in the notice of the session, it may be acted upon after it has laid on the table one day.

MEMBERS OF THE
CONNECTICUT STATE MEDICAL
SOCIETY.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

| | | |
|------|----------------------------|----------------------|
| 1890 | WILLIAM HENRY WELCH..... | Baltimore, Md. |
| 1891 | ROBERT FULTON WEIR..... | New York City, N. Y. |
| 1894 | HON. CHARLES E. GROSS..... | Hartford, Conn. |
| 1894 | DAVID WEBSTER..... | New York City, N. Y. |
| 1895 | SIR JAMES GRANT..... | Ottawa, Canada |
| 1895 | HENRY O. MARCY..... | Boston, Mass. |
| 1896 | T. MITCHELL PRUDDEN..... | New York City, N. Y. |
| 1896 | WILLIAM W. KEEN..... | Philadelphia, Pa. |
| 1900 | J. W. S. GOULEY..... | New York City, N. Y. |
| 1903 | REYNOLD WEBB WILCOX..... | New York City, N. Y. |
| 1904 | WILLIAM OSLER..... | Oxford, England |
| 1914 | WILLIAM C. GORGAS..... | Washington, D. C. |
| 1917 | RICHARD P. STRONG..... | Boston, Mass. |
| 1917 | HERMANN M. BIGGS..... | Albany, N. Y. |
| 1918 | HARVEY CUSHING..... | Boston, Mass. |

ACTIVE MEMBERS.

This list is corrected to the date of the Annual Meetings of the
County Societies, April, 1919.

FAIRFIELD COUNTY.

President, GEORGE R. HERTZBERG, M.D., Stamford.

Vice President, ELI B. IVES, M.D., Bridgeport.

Secretary, CHARLES W. GARDNER, M.D., 449 State Street, Bridgeport.

Councilor, FRANK W. STEVENS, M.D., Bridgeport.

Acting Councilor, FRANK H. BARNES, M.D., Stamford.

Censors, FRANK H. BARNES, M.D., FRANK M. TUKEY, M.D.,
F. I. NETTLETON, M.D.

Annual Meeting, Second Tuesday in April, at Bridgeport;
Semi-Annual, Second Tuesday in October.

BETHEL.

- 1872 Barber, Alvin Elizur.
1899 Wight, George DeWitt

BRIDGEPORT.

- 1896 Adams, Frederick Joseph.....339 West ave.
1916 Banks, Daniel Tony.....254 E. Main
1913 Beaudry, Joseph Horace.....835 State
1913 Bernstein, Abraham.....472 State
1904 Bill, Philip Worcester.....Professional Bldg.
1900 Blank, Elmer Francis.....387 Noble ave.
1886 Blodget, Henry.....819 Myrtle ave.
1880 Bowers, William Cutler.....336 State
1919 Calvin, Claudius Virgil.....2178 Main
1914 Clarke, Harold Metcalf.....477 State
1916 Cohen, Joseph.....1130 Stratford ave.
1906 Coops, Frank Harvey.....386 John
1891 Cowell, George B.....409 Noble ave.
1913 Curley, William Henry.....725 Park ave.
1908 Curran, Philip John.....Professional Bldg.

| | | |
|------|-----------------------------------|------------------------|
| 1894 | Day, Fessenden Lorenzo..... | 819 Myrtle ave. |
| 1888 | DeWolfe, Daniel Charles..... | 516 Fairfield ave. |
| 1914 | Duesing, Herman..... | 1169 E. Main |
| 1916 | Dupée, Edward Wilson..... | 733 State |
| 1898 | Ellis, Thomas Long..... | 332 West ave. |
| 1913 | Finkelstone, Benjamin Brooks..... | 346 State |
| 1915 | Finnegan, John Hamill..... | 1116 Stratford ave. |
| 1895 | Fitzgerald, Edward..... | 526 E. Washington ave. |
| 1897 | Fleck, Harry Willard..... | 897 Lafayette |
| 1914 | Flynn, John Francis..... | 72 Franklin |
| 1895 | Ford, George Skiff..... | 522 Fairfield ave. |
| 1908 | Formichelli, Giovanni..... | 654 Pembroke |
| 1916 | Gade, Carl Johannes..... | 525 State |
| 1907 | Gardner, Charles Wesley..... | 449 State |
| 1916 | Garlick, George Burroughs..... | 474 State |
| 1878 | Garlick, Samuel Middleton..... | 474 State |
| 1916 | Gilday, James Lowrey..... | 952 State |
| 1884 | Godfrey, Charles Cartlidge..... | 340 State |
| 1895 | Gold, James Douglass..... | 839 Myrtle ave. |
| 1908 | Greenstein, Morris Jacob..... | 107 Benham ave. |
| 1916 | Griffin, Daniel Patrick..... | 1350 E. Main |
| 1913 | Hale, Fraray | 477 State |
| 1914 | Hart, Benjamin Ide..... | 323 State |
| 1909 | Hawley, George Waller..... | Professional Bldg. |
| 1916 | Healy, Thomas Francis..... | 25 Yale |
| 1915 | Hippolitus, Paul DiFrancesca..... | 255 Barnum ave. |
| 1916 | Horn, Martin Isidore..... | 815 North ave. |
| 1917 | Horwitz, Morris Thomas..... | 986 Stratford ave. |
| 1912 | Hyde, Charles Elias..... | Professional Bldg. |
| 1906 | Ives, Eli Butler..... | 284 West ave. |
| 1898 | Johnson, John Murray..... | 276 West ave. |
| 1912 | LaField, William Arthur..... | Professional Bldg. |
| 1913 | Lambert, Henry Bertram..... | Professional Bldg. |
| 1904 | Leverty, Charles Joseph..... | 42 James |
| 1895 | Lockhart, Reuben Arthur..... | 760 Washington ave. |
| 1887 | Lynch, John Charles..... | 826 Myrtle ave. |
| 1904 | Lynch, Robert Joseph..... | 52 Courtland |
| 1914 | McCarthy, Daniel Joseph..... | 778 Washington ave. |
| 1913 | McGovern, Edward Francis..... | 906 Lafayette |
| 1913 | McQueeney, Andrew..... | 700 Noble ave. |
| 1892 | Miles, Henry Shillingford..... | 417 State |
| 1901 | Nettleton, Irving LaField..... | 775 Washington ave. |
| 1919 | Neumann, Henry Aaron..... | 1635 Fairfield ave. |
| 1891 | Ober, George Eugene..... | Professional Bldg. |

| | | |
|------|-------------------------------------|---------------------|
| 1894 | O'Hara, William James Aloysius..... | 361 Barnum ave. |
| 1888 | Osborn, George Wakeman..... | 888 Broad |
| 1909 | Patterson, Daniel Cleveland..... | 819 Myrtle ave. |
| 1913 | Peters, Henry LeBaron..... | 871 Park ave. |
| 1917 | Powers, John Thomas Haliburton..... | 1069 Barnum ave. |
| 1907 | Pratt, Nathan Tolles..... | 1221 Stratford ave. |
| 1905 | Pyle, Francis Winthrop..... | Professional Bldg. |
| 1916 | Quinn, John Francis..... | 225 Colorado ave. |
| 1916 | Reich, Upton Sharetts..... | 2162 N. Main |
| 1918 | Roberts, Edward Russell..... | Professional Bldg. |
| 1913 | Roche, Thomas Joseph..... | 727 Park ave. |
| 1916 | Roller, Robert Douglass, Jr. | 810 Myrtle ave. |
| 1913 | Rowe, Michael Joseph..... | 521 State |
| 1913 | Sansome, Nicola Maria..... | 430 State |
| 1913 | Schuele, George J. | 485 Noble ave. |
| 1906 | Schulz, Herman Samuel..... | 906 Lafayette |
| 1914 | Scrimgeour, Arthur..... | Professional Bldg. |
| 1913 | Shea, John Francis..... | 1254 E. Main |
| 1903 | Smith, Dorland..... | 834 Myrtle ave. |
| 1902 | Smith, Edwards Montrose..... | 340 State |
| 1902 | Smith, Frank Llewellyn..... | 2178 Main |
| 1919 | Smith, Stanton Reinhart..... | Professional Bldg. |
| 1913 | Smykowski, Bronislaw Louis..... | 405 Barnum ave. |
| 1898 | Smyth, Herbert Edmund | 376 John |
| 1909 | Sprague, Charles Harry..... | 29 Hanover |
| 1903 | Stevens, Frank William..... | 829 Myrtle ave. |
| 1919 | Strang, Robert Hallock Wright..... | 886 Main |
| 1888 | Topping, Jacob Reed..... | 349 Noble ave. |
| 1897 | Trecartin, David Munson..... | Professional Bldg. |
| 1895 | Tukey, Frank Martin..... | Professional Bldg. |
| 1903 | Warner, George Howell..... | Professional Bldg. |
| 1902 | Wason, David Boughton..... | 329 West ave |
| 1904 | Waterhouse, Henry Edwin..... | 30 Elmwood pl. |
| 1906 | Watson, William Clark..... | 446 Stratford ave. |
| 1913 | Weadon, William Lee..... | 810 Myrtle ave. |
| 1914 | Weldon, Edwin Bernard..... | 327 Broad |
| 1889 | White, Benjamin Walker | 477 State |
| 1919 | Wilkes, LeRoy Augustus..... | Dept. Health |
| 1919 | Williams, Fred S. | 911 Fairfield ave. |
| 1880 | Wright, John Winthrop..... | 810 Myrtle ave. |

DANBURY.

| | | |
|------|--------------------------------|----------|
| 1902 | Bronson, William Thaddeus..... | 41 West |
| 1888 | Brown, David Chester..... | 330 Main |

| | | | |
|------|--------------------------------|------|----------------|
| 1891 | Brownlee, Harris Fenton..... | 342 | Main |
| 1896 | Craig, Charles Franklin..... | | |
| 1906 | English, Richard Matthew..... | 39 | West |
| 1897 | Gordon, William Francis..... | 26 | West |
| 1885 | Lemmer, George Edward..... | 153½ | Main |
| 1912 | Moore, Howard Delano..... | 203 | Main |
| 1912 | Mullins, Samuel Frederick..... | 116 | Main |
| 1911 | Scofield, Everett J. S. | 294 | Main |
| 1913 | Smith, Arthur Charles..... | 268 | Main |
| 1907 | Sunderland, Paul Ulysses..... | 160 | Deer Hill ave. |

DARIEN.

| | |
|------|----------------------|
| 1897 | Noxon, George Henry. |
|------|----------------------|

NOROTON.

| | |
|------|-------------------------|
| 1908 | Hoyt, Harold Eliphalet. |
|------|-------------------------|

FAIRFIELD.

| | |
|------|---------------------------|
| 1883 | Donaldson, William Henry. |
|------|---------------------------|

GREENFIELD HILL.

| | |
|------|--------------------------|
| 1877 | Dunham, Martin VanBuren. |
|------|--------------------------|

GREENWICH.

| | | | |
|------|--------------------------------|-----|---------------------------|
| 1894 | Brooks, Frank Terry..... | | Rock Ridge |
| 1905 | Burke, William..... | 153 | Mason |
| 1904 | Clarke, John Alexander..... | 92 | Mason |
| 1917 | Gates, Aaron Billings..... | 160 | Milbank ave. |
| 1887 | Griswold, William Loomis..... | 19 | W. Elm |
| 1902 | Hyde, Fritz Carleton..... | | Putnam St. and Maple ave. |
| 1905 | Hyde, Harriet Baker..... | | Putnam St. and Maple ave. |
| 1918 | Knapp, Charles Whittemore..... | 43 | Maple ave. |
| 1916 | Knowlton, Don Jerome..... | 83 | E. Putnam ave. |
| 1909 | Parker, Edward Oliver..... | 68 | E. Putnam ave. |

SOUND BEACH.

| | |
|------|-------------------------|
| 1914 | Austin, Albert Elmer. |
| 1909 | Finch, Sarah Elizabeth. |

HUNTINGTON.

SHELTON.

| | | | |
|------|-------------------------|-----|-----------|
| 1912 | Black, John Eugene..... | 40 | White |
| 1917 | Finn, Edward James..... | 492 | Howe ave. |

| | | | |
|------|--------------------------------|-----|------------|
| 1900 | Nettleton, Francis Irving..... | 35 | White |
| 1895 | Randall, William Sherman..... | 241 | Coram ave. |
| 1869 | Shelton, Gould Abijah..... | 40 | White |

MONROE.

STEPNEY.

1912 Smith, George Arthur.

STEPNEY DEPOT.

1912 Wales, Frank Joseph.

NEW CANAAN.

| | |
|------|-------------------------------|
| 1899 | Brooks, Myre Joel. |
| 1909 | Keeler, Charles B. |
| 1908 | O'Shaughnessy, Edmund Joseph. |
| 1911 | Wheelock, Albert Andrews. |

NORWALK.

| | | | |
|------|---------------------------------|-----|------------|
| 1906 | Coburn, Jesse Milton..... | 55 | South Main |
| 1916 | Cram, George Eversleigh..... | 85 | Wall |
| 1873 | Gregory, James Glynn..... | 5 | West ave. |
| 1907 | Hitchcock, Walter | 9 | West ave. |
| 1880 | Huntington, Samuel Henry..... | 133 | Main |
| 1915 | Kellogg, Henry Kirke White..... | 5 | West ave. |
| 1894 | Meek, James Albert..... | 72 | West ave. |
| 1890 | Tracey, William Joseph..... | 23 | West ave. |
| 1904 | Turner, Arthur Robert..... | 8 | West ave. |

SOUTH NORWALK.

| | | | |
|------|-----------------------------|----|------------|
| 1894 | Allen Lauren Melville..... | 15 | Washington |
| 1918 | Bradley, Theron Robert..... | 11 | Washington |
| 1906 | Burnell, Francis Edwin..... | 67 | South Main |
| 1896 | Sherer, Henry Clifford..... | 1 | Washington |

REDDING.

1896 Smith, Ernest Herman.

GEORGETOWN.

1917 Deming, William Champion.

RIDGEFIELD.

| | |
|------|-----------------------|
| 1917 | Allen, Henry Willard. |
| 1912 | Bryon, Benn Adelmer. |

STAMFORD.

| | | | |
|------|--------------------------------|-----|--------------------|
| 1907 | Avery, John Waite..... | 295 | Atlantic |
| 1907 | Barnes, Frank Hazelhurst..... | | North Stamford rd. |
| 1912 | Carroll, Isaiah Francis..... | 44 | Willow |
| 1904 | Cloonan, John Joseph..... | 37 | South |
| 1916 | Costanzo, James Joseph..... | 384 | Atlantic |
| 1909 | Crane, Ralph William..... | 107 | South |
| 1909 | Dichter, Charles Levi..... | 19 | St. John's pl. |
| 1904 | Foster, Dean..... | 400 | Atlantic |
| 1913 | Gandy, Raymond Reeves..... | 57 | Broad |
| 1909 | Godfrey, William Truitt..... | 88 | South |
| 1908 | Harrison, John Francis..... | 507 | Atlantic |
| 1916 | Henderson, Alfred Collard..... | 17 | Suburban ave. |
| 1901 | Hertzberg, George Robert..... | 40 | South |
| 1918 | Hewitt, Alfred Frank..... | 568 | Main |
| 1908 | House, Albert Lewis..... | 11 | Bedford |
| 1904 | MacLean, Donald Robert..... | 87 | South |
| 1911 | Nemoitin, Julius..... | 96 | Main |
| 1893 | Philip, Rosavelle Gardner..... | 7 | Bedford |
| 1885 | Phillips, Alfred Noroton..... | | Glenbrook |
| 1885 | Pierson, Samuel..... | 61 | Broad |
| 1917 | Platt, Daniel Phillips..... | 17 | Suburban ave. |
| 1893 | Rice, Watson Emmons..... | 192 | Summer |
| 1891 | Schavoir, Frederick..... | 38 | Willow |
| 1894 | Sherrill, George..... | 700 | Main |
| 1909 | Shirk, Samuel Martin..... | 87 | Broad |
| 1917 | Smith, William Earl..... | 400 | Atlantic |
| 1907 | Staub, John Howard..... | 100 | South |

STRATFORD.

| | | | |
|------|-------------------------------|------|--------------------|
| 1884 | Cogswell, William Badger..... | 2252 | Main |
| 1914 | Curtis, Rollin Alanson..... | 2275 | Elm |
| 1909 | Howland, DeRuyter..... | | E. Broadway & Main |
| 1885 | Lewis, George Frederick..... | 952 | E. Broadway |

WESTON.

LYONS PLAINS.

| | |
|------|----------------|
| 1877 | Gorham, Frank. |
|------|----------------|

WESTPORT.

| | |
|------|---------------------------|
| 1915 | Brodsky, Emanuel Schlema. |
| 1913 | McLaury, Frank Harold. |
| 1898 | Nolan, Jacob Matthew. |
| 1891 | Ruland, Frederick Davis. |

GREEN'S FARMS.

1893 McFarland, David Walter.

OUT OF COUNTY.

1917 Davis, George Anthony.....Address unknown
 1917 Heady, Carlton Kellogg.....48 Broad st., Milford
 1914 MacDonald, John Joseph.....Jersey City, N. J.
 1913 Sherman, Florence Adelaide.....Address unknown
 1916 Stilphen, Harry Leslie.....National Soldiers Home, Me.
 Walsh, Joseph William.....Portland
 Total Number 200

HARTFORD COUNTY.

President, THOMAS H. WELDON, M.D., South Manchester.

Vice President, AMOS T. HARRINGTON, M.D., Hartford.

Secretary, PATRICK F. MCPARTLAND, M.D., 1305 Main Street, Hartford.

Councilor, WALTER R. STEINER, M.D., Hartford.

Censors, ORIN MOSHER, M.D., HENRY F. STOLL, M.D.,
 C. BREWSTER BRAINARD, M.D.

Annual Meeting, First Tuesday in April; Semi-Annual Meeting,
 Fourth Tuesday in October.

AVON.

1912 Morse, Vernon Harcourt Chipman.

BERLIN.

EAST BERLIN.

1908 Hodgson, Thomas Cady.

KENSINGTON.

1915 Griswold, Matthew Hammond.

1877 Griswold, Roger Matthew.

BRISTOL.

1900 Brackett, Arthur Stone.

1880 Horton, William Wickham.

1916 Upson, Charles Ransom.

1909 Whipple, Benedict Nolasco.

CANTON.

COLLINSVILLE.

- 1906 Cox, Ralph Benjamin.
 1917 Kilbourn, Carl James.

EAST HARTFORD.

- 1890 Mayberry, Franklin Hayden.
 1893 O'Connell, Thomas Smith.
 1916 Onderdonk, Harry Jay.
 1912 Truex, Edward Hamilton.

EAST WINDSOR.

BROAD BROOK.

- 1879 Allen, Howard Oliver.
 1904 Backus, Harold Simeon.
 1898 Deane, Henry Augustus.

ENFIELD.

THOMPSONVILLE.

- 1909 Alcorn, Thomas Grant.
 1906 Dowd, Michael Joseph.
 1878 Finch, George Terwilliger.
 1916 Simonton, Frank F.
 1917 Vail, Edwin Smith.
 1917 Vail, Thornton E.

FARMINGTON.

- 1912 Phelps, Stuart E.

UNIONVILLE.

- 1912 Morrissey, William Thomas.

GLASTONBURY.

SOUTH GLASTONBURY.

- 1897 Rising, Harry Breed.

GRANBY.

- 1914 Irwin, Vincent Joseph, Jr.

HARTFORD.

- 1883 Abrams, Alva Elnathan.....36 Pearl
 1904 Adams, Henry Eli.....194 High

| | | | |
|------|----------------------------------|------|--------------------|
| 1884 | Alton, Charles DeLancey..... | 75 | Pratt |
| 1881 | Axtelle, John Franklin..... | 561 | Main |
| 1895 | Bailey, Michael Angelo..... | 438 | Main |
| 1913 | Bailey, Neil Herbert..... | 248 | Laurel |
| 1889 | Barrows, Benjamin Safford..... | 164 | High |
| 1886 | Beach, Charles Coffing..... | 54 | Woodland |
| 1907 | Beach, Charles Thomas..... | 686 | Main |
| 1894 | Bell, George Newton..... | 44 | High |
| 1909 | Bickford, Henry..... | 57 | Magnolia |
| 1913 | Biram, James Harrington..... | 98 | High |
| 1913 | Birdsong, Julian Lee..... | 110 | High |
| 1907 | Blair, Edward Holden..... | | Dillon Court Hotel |
| 1909 | Borden, Charles Herbert..... | 36 | Pearl |
| 1897 | Botsford, Charles Porter..... | 219 | Collins |
| 1907 | Boucher, James Joseph..... | 25 | Charter Oak ave. |
| 1896 | Boucher, John Bernard..... | 25 | Charter Oak ave. |
| 1913 | Boyle, Robert Joseph..... | 332 | Franklin |
| 1905 | Bradley, Mark Spaulding..... | 36 | Pearl |
| 1903 | Brainard, Clifford Brewster..... | 98 | High |
| 1916 | Branon, Anthony William..... | 112 | High |
| 1912 | Brayton, Howard Wheaton..... | 44 | High |
| 1896 | Bunce, Philip Dibble..... | 98 | High |
| 1914 | Cantarow, Daniel..... | 73 | Windsor |
| 1915 | Carter, Earl Buel..... | 137 | High |
| 1898 | Chester, Thomas Weston..... | 50 | Farmington ave. |
| 1905 | Clifton, Harry Colman..... | 30 | Farmington ave. |
| 1896 | Cochran, Levi Bennett..... | 50 | Farmington ave. |
| 1913 | Cogswell, Eliot Sanborn..... | 232 | Church |
| 1904 | Conklin, James Henry..... | 89 | Pratt |
| 1889 | Cook, Ansel Granville..... | 179 | Allyn |
| 1913 | Costello, Henry Nicholas..... | 148 | High |
| 1876 | Crary, David..... | 926 | Main |
| 1899 | Crossfield, Frederick Solon..... | 75 | Pratt |
| 1913 | Crowley, William Holmes..... | 15 | Charter Oak ave. |
| 1914 | Daly, Charles William..... | 429 | Capitol ave. |
| 1909 | DeBonis, Domenico A. | 94 | Windsor |
| 1914 | Deming, Clinton Demas..... | 29 | Wethersfield ave. |
| 1914 | Deming, Edward Adams..... | 1 | Spring |
| 1896 | Dickerman, Wilton Elias..... | 30 | Farmington ave. |
| 1892 | Dowling, John Francis..... | 1315 | Main |
| 1891 | Down, Edwin Augustus..... | 902 | Main |
| 1910 | Dwyer, Richard Joseph..... | 186 | Franklin ave. |
| 1916 | Dwyer, William..... | 18 | Asylum |
| 1910 | Eddy, George William..... | 1 | Main |

| | | | |
|------|-----------------------------------|------|-----------------|
| 1915 | Elliott, Calvin Hayes..... | 137 | High |
| 1895 | Elmer, Edward Oliver..... | 805 | Park |
| 1914 | Emmett, Francis Arthur..... | 1295 | Main |
| 1900 | Enders, Thomas Burnham..... | 3 | Highland |
| 1919 | Fay, William James..... | 580 | Asylum ave. |
| 1898 | Felty, John Wellington..... | 902 | Main |
| 1911 | Fischer, Abraham..... | 149 | Windsor ave. |
| 1906 | Fitzgerald, William Henry..... | 904 | Main |
| 1913 | Flaherty, Claude Vincent..... | 305 | Park |
| 1916 | Gallivan, Thomas Henry..... | 904 | Main |
| 1898 | Gill, Michael Henry..... | 36 | Pearl |
| 1879 | Gladwin, Ellen Hammond..... | 705 | Asylum ave. |
| 1900 | Goodrich, Charles Augustus..... | 5 | Haynes |
| 1908 | Griggs, John Bagg..... | 44 | High |
| 1909 | Griswold, Arthur Heywood..... | 42 | High |
| 1895 | Hall, Joseph Barnard..... | 36 | Pearl |
| 1913 | Harrington, Amos Thomas..... | 137 | High |
| 1908 | Hatheway, Clarence Morris..... | 110 | High |
| 1909 | Haylett, Howard Bulkley..... | 137 | High |
| 1907 | Hepburn, Thomas Norval..... | 42 | High |
| 1906 | Heublein, Arthur Carl..... | 42 | High |
| 1917 | Hutchinson, James Elder..... | 36 | Pearl |
| 1882 | Ingalls, Phineas Henry..... | 49 | Pearl |
| 1912 | Jarvis, Henry Gildersleeve..... | 98 | High |
| 1913 | Jones, Charles Emerson..... | 98 | High |
| 1889 | Kane, Thomas Francis..... | 517 | Main |
| 1908 | Keith, Albert Russell..... | 43 | Farmington ave. |
| 1912 | Kennedy, Philip Thomas..... | 64 | Ann |
| 1898 | Kilbourn, Joseph Austin..... | 271 | Park |
| 1906 | Kingsbury, Isaac William..... | 36 | Pearl |
| 1877 | Knight, William Ward..... | 254 | Trumbull |
| 1901 | Lampson, Edward Rutledge..... | 137 | High |
| 1913 | Landry, Arthur Bernard..... | 228 | Church |
| 1895 | Lawton, Franklin Lyman..... | 295 | Main |
| 1915 | Locke, Harry Leslie Franklin..... | 1 | Spring |
| 1916 | Lynch, James Francis..... | 64 | Church |
| 1910 | McClellan, William Ernest..... | 18 | Asylum |
| 1898 | McCook, John Butler..... | 390 | Main |
| 1901 | McKee, Frederick Lyman..... | 68 | Pratt |
| 1907 | McPartland, Patrick Farrell..... | 1341 | Main |
| 1916 | McPherson, Sidney Horace..... | 803 | Main |
| 1913 | Madden, Leon Irving..... | 36 | Pearl |
| 1907 | Martelle, Henry Augustus..... | 112 | High |
| 1914 | Meagher, William Francis..... | 75 | Francis ave. |

| | | |
|------|---------------------------------|--------------------|
| 1886 | Miller, George Root..... | 151 Church |
| 1916 | Miller, James Raglan..... | 257 Laurel |
| 1908 | Molumphy, David James..... | 517 Main |
| 1880 | Morgan, William Dennison..... | 49 Pearl |
| 1909 | Morrissey, Michael Joseph..... | 18 Asylum |
| 1919 | Murphy, James Edw. | 50 Farmington ave. |
| 1893 | Murphy, Walter Graham..... | 75 Pratt |
| 1897 | Naylor, James Henry..... | 11 Main |
| 1916 | O'Brien, Joseph Francis..... | 18 Asylum |
| 1902 | O'Flaherty, Ellen Pembroke..... | 140 Main |
| 1908 | Outerson, Andrew Mausergh..... | 350 Church |
| 1904 | Owens, William Thomas..... | 703 Main |
| 1916 | Parker, Spotswood Hayes..... | 700 Main |
| 1905 | Pierson, John Corbin..... | 50 Windsor ave. |
| 1885 | Porter, William, Jr. | 179 Allyn |
| 1916 | Radom, Fannie..... | 244 Windsor |
| 1913 | Reardon, William Francis..... | 803 Main |
| 1900 | Reinert, Emil Gustav..... | 109 Ann |
| 1916 | Reynolds, Harry Stephen..... | 683 Asylum |
| 1907 | Ronayne, Frank Joseph..... | 190 Church |
| 1909 | Rooney, James Francis..... | 308 Park |
| 1883 | Root, Edward King..... | 49 Pearl |
| 1884 | Root, Joseph Edward..... | 67 Pearl |
| 1900 | Rowley, Alfred Merriman..... | 803 Main |
| 1910 | Rowley, John Carter..... | 21 Forest |
| 1907 | Rowley, Robert Lee..... | 49 Pearl |
| 1911 | Russ, Henry Camp..... | 114 Woodland |
| 1902 | Ryan, Patrick Joseph..... | 316 Park |
| 1916 | Sagarino, John Francis..... | 298 Church |
| 1887 | Segur, Gideon Cross..... | 67 Farmington ave. |
| 1886 | Simpson, Frederick Thomas..... | 122 High |
| 1901 | Smith, Earl Terry..... | 70 Cone |
| 1897 | Standish, James Herbert..... | 479 Albany ave. |
| 1905 | Starr, Robert Sythoss..... | 75 Pratt |
| 1894 | Stern, Charles Seymour..... | 75 Pratt |
| 1902 | Steiner, Walter Ralph..... | 646 Asylum ave. |
| 1905 | Stoll, Henry Farnam..... | Sage Allen Bldg. |
| 1903 | Storrs, Eckley Raynor..... | 179 Allyn |
| 1914 | Strobel, Joseph Eugene..... | State Sanatorium |
| 1892 | Sullivan, Daniel Francis..... | 190 Church |
| 1908 | Swan, Horace Cheney..... | 196 Whitney |
| 1914 | Sweet, John Henry Throop..... | 71 Church |
| 1905 | Swett, Paul Plummer..... | 803 Main |
| 1888 | Taft, Charles Ezra..... | 98 High |

| | | | |
|------|----------------------------------|--------------------|-------------------|
| 1906 | Taylor, Maude Winifred..... | 107 | Edwards |
| 1898 | Thompson, Emma Jane..... | 287 | Trumbull |
| 1906 | Thompson, Whitefield Nelson..... | 400 | Washington |
| 1911 | Tracy, Dwight Wallace..... | 5 | Wethersfield ave. |
| 1908 | Tuch, Morris..... | 1333 | Main |
| 1919 | Tucker, George Eugene..... | Ætna Life Ins. Co. | |
| 1907 | Turbert, Edward Joseph..... | 30 | Sisson ave. |
| 1908 | Vail, George Francis..... | 36 | Pearl |
| 1904 | VanStrander, William Harold..... | 179 | Church |
| 1917 | Vernlund, Carl Frithof..... | 211 | Church |
| 1894 | Waite, Frank Lewis..... | 68 | Pratt |
| 1914 | Waite, Robert Lester..... | 68 | Pratt |
| 1908 | Ward, James Ward..... | 437 | Capitol ave. |
| 1909 | Waterman, Paul..... | 44 | High |
| 1895 | Waters, John Bradford..... | 281 | Trumbull |
| 1901 | Weidner, Calvin..... | 49 | Pearl |
| 1895 | Weir, Janet Marshall..... | 282 | Sigourney |
| 1882 | Welch, George Kellogg..... | 26 | State |
| 1907 | Welch, Thomas Francis..... | 356 | Windsor |
| 1916 | Wells, Donald Breckenridge..... | 2 | Garden |
| 1903 | Wells, Ernest Alden..... | 2 | Garden |
| 1907 | Wiedman, Otto George..... | 75 | Pratt |
| 1907 | Wilson, James Cornelius..... | 164 | High |
| 1904 | Witter, Orin Russell..... | 44 | High |
| 1889 | Wolff, Arthur Jacob..... | 904 | Main |
| 1916 | Worthen, Thacher Washburn..... | 36 | Pearl |
| 1916 | Wright, Arthur Brownell..... | 124 | No. Beacon |
| 1912 | Yergason, Robert Moseley..... | 911 | Asylum ave. |

MANCHESTER.

1909 Sharpe, Harry Rabe.

SOUTH MANCHESTER.

1917 Burlingame, C. Charles.
 1905 Burr, Noah Arthur.
 1916 Holmes, LeVerne.
 1908 May, George William.
 1916 Moore, Demarquis DeCasso Ye Rujo.
 1911 Rice, Richard William.
 1900 Sloan, Thomas George.
 1880 Tinker, William Richard.
 1893 Weldon, Thomas Henry.

NEW BRITAIN.

| | | | |
|------|----------------------------------|-----|--------------|
| 1909 | Bodley, George Houghton..... | 272 | Main |
| 1915 | Bray, Henry Tierney | 48 | Court |
| 1895 | Clark, Robert Moses..... | 27 | Walnut |
| 1913 | Cooley, Clifton Mather..... | 131 | Main |
| 1915 | Dunn, George Washington..... | 259 | Main |
| 1916 | Elcock, Harry A. | 96 | W. Main |
| 1905 | Froman, Ernest Theodore..... | 272 | Main |
| 1914 | Gillin, Charles Adelbert..... | 183 | Main |
| 1892 | Irving, Samuel Wellington..... | 252 | Main |
| 1915 | Kinsella, Gertrude Johnson..... | 52 | Main |
| 1915 | Kinsella, Michael Allen..... | 52 | Main |
| 1908 | Maloney, Maurice Washington..... | 272 | Main |
| 1909 | Purney, John..... | 140 | Main |
| 1912 | Reeks, Thomas Eben..... | 9 | Franklin sq. |
| 1896 | Strosser, Herman..... | 59 | Arch |

PLAINVILLE.

1878 Bull, John Norris.

ROCKY HILL.

1880 Griswold, Julius Egbert.
1904 Moser, Orin Alexander.

SIMSBURY.

1905 Carver, John Preston.

TARIFFVILLE.

1885 Wooster, Charles Morris.

SOUTHINGTON.

1916 Havey, Leroy A.
1901 Miller, William Radley.
1887 Steadman, Willard George.

SUFFIELD.

1916 Brown, Harold Morris.
1906 Gibbs, Joseph Addison.

WEST SUFFIELD.

1896 Caldwell, William Ely.
1915 Levy, William.

WEST HARTFORD.

| | | |
|------|----------------------------------|---------------------|
| 1908 | Alcott, Ralph Waldo Emerson..... | 29 N. Main |
| 1910 | Denne, Thomas Harman..... | 23 S. Main |
| 1902 | Purinton, Charles Oscar..... | 12 S. Main |
| 1916 | Wilson, McLeod C. | 665 Farmington ave. |

WETHERSFIELD.

| | |
|------|-------------------------|
| 1883 | Fox, Edward Gager. |
| 1892 | Howard, Arthur Wayland. |

WINDSOR LOCKS.

| | |
|------|--------------------------------|
| 1876 | Coogan, Joseph Albert. |
| 1914 | Coyle, Anna Elizabeth Mulheron |
| 1899 | Coyle, William Joseph. |
| 1906 | Outerson, Richard. |
| 1901 | Robinson, Myron Potter. |

OUT OF COUNTY.

| | | |
|------|--|-----------------|
| 1906 | Bridge, John Law..... | Address unknown |
| 1911 | Cobb, Albert Edward..... | Falls Village |
| 1877 | Wright, Theodore Goodell...1090 St. Nicholas ave., New York City | |

Total Number 240

LITCHFIELD COUNTY.

President, CHARLES H. TURKINGTON, M.D., Litchfield.

Vice President, FREDERICK W. WERSEBE, M.D., Washington.

Secretary, HARRY B. HANCHETT, M.D., 55 Main Street, Torrington.

Councilor, ELIAS PRATT, M.D., Torrington.

Censors, R. S. GOODWIN, M.D., F. S. SKIFF, M.D., W. S. HURLBERT, M.D.

Annual Meeting, Fourth Tuesday in April; Semi-Annual, First Tuesday in October.

CANAAH.

FALLS VILLAGE.

| | |
|------|-----------------------|
| 1914 | Shannon, Thomas J. |
| 1905 | Skiff, Francis Sands. |

CORNWALL.

WEST CORNWALL.

- 1873 North, Joseph Howard.
1917 Stevens, Carrie North.

KENT.

- 1912 Turrill, Henry Smith.
1917 Tuttle, Albert Lake.

LITCHFIELD.

- 1888 Buel, John Laidlaw.
1910 Deming, Nelson Lloyd.
1911 Marcy, Robert A.
1890 Page, Charles Ithemar.
1875 Sedgwick, James T.
1910 Turkington, Charles Henry.
1896 Warner, Charles Norton.

NEW HARTFORD

- 1915 English, Chester Ferrin.

NEW MILFORD

- 1910 Bostwick, Benjamin Earle.
1893 Staub, George Edwards.
1905 Wright, George Herman.

NORFOLK.

- 1874 Dennis, Frederic Shepard.
1890 Hamant, Irving Louis.
1875 Kendall, John Calvin.
1909 Pinney, Almon William.

NORTH CANAAN

CANAAN.

- 1902 Adam, John Geikie.
1874 Camp, Charles Welford.
1890 Lee, Frank Herbert.

PLYMOUTH.

TERRYVILLE.

- 1913 Lawton, Richard John.
1919 Woodhouse, Lisle William.
1914 Woodward, Harold Burton.

SALISBURY.

LAKEVILLE.

- 1856 Bissell, William.
 1892 Bissell, William Bascom.
 1919 Patterson, Clark K.

SHARON.

- 1882 Bassett, Clarence Wheeler.
 1904 Chaffee, Jerome Stuart.

THOMASTON.

- 1896 Goodwin, Ralph Schuyler.
 1903 Hazen, Robert.
 1910 Kane, James Hugh.

TORRINGTON.

- 1898 Barker, Abram James.....216 Main
 1898 Carlin, Charles Henry.....236 Main
 1917 Chapin, Harry Bailey.....10 Water
 1908 Hanchett, Harry Bigelow.....55 Main
 1917 Hoffman, Wallace Ellsworth.....28 Hoffman
 1903 Hogan, William John.....320 Main
 1917 Kennedy, William Clement.....38 Water
 1887 Moore, Howard Doolittle.....28 Daycoeton pl.
 1917 Neary, Lawrence Dillon.....99 Church
 1915 Partree, Homer Tomlinson.....72 Main
 1881 Platt, William Logan.....105 Main
 1887 Pratt, Elias.....27 Daycoeton pl.
 1904 Ryan, Timothy Mayher.....31 Water
 1917 Thomson, Thomas Leonard.....10 Water
 1917 Tynan, James Joseph.....79 Main
 1917 Weed, Floyd Albert.....13 Main

WASHINGTON.

- 1908 Wersebe, Frederick William.

NEW PRESTON.

- 1904 Stevens, Howard Granson.

WATERTOWN.

- 1897 Loveland, Ernest Kilburn.
 1914 Martin, James S.

WINCHESTER.

WINSTED.

- 1915 Hartnett, Joseph Daniel.
 1883 Howd, Salmon Jennings.
 1880 Hulbert, William Sharon.
 1904 Kelsey, Ernest Russell.
 1884 Pratt, Edward Loomis.
 1903 Reidy, David Dillon.
 1912 Reidy, Maurice Joseph
 1889 Richards, William Spencer.
 1918 Ward, Horace William.

WOODBURY.

- 1913 Allen, Howard Sanford.

HOTCHKISSVILLE.

- 1897 Reynolds, William George.

OUT OF COUNTY.

- 1869 Bulkley, Lucius Duncan.....531 Madison ave., New York City
 1898 Robinson, Joseph.....140 Main st., New Britain
 1896 Wadhams, Sanford Hosea.....care Surgeon General, U. S. Army

Total Number 69

MIDDLESEX COUNTY.

President, JAMES T. MITCHELL, M.D., Middletown.

Vice President, JESSIE W. FISHER, M.D., Middletown.

Secretary, JAMES H. KINGMAN, M.D., 139 Broad Street, Middletown.

Councilor, GEORGE N. LAWSON, M.D., Middle Haddam.

Censors, C. B. CHEDEL, M.D., C. E. STANLEY, M.D., F. S. SMITH, M.D.

Annual Meeting, Second Thursday in April; Semi-Annual, Second Thursday in October.

CHESTER.

- 1889 Smith, Frederick Sumner.

CLINTON.

- 1903 Fox, David Austin.

CROMWELL.

- 1895 Bush, Charles Ellsworth.
 1885 Hallock, Frank Kirkwood.

DURHAM.

- 1910 Zink, Charles Edwin.

EAST HADDAM.

- 1890 Plumstead, Matthew Woodbury.

EAST HAMPTON.

- 1873 Field, Albert.
 1907 Fitch, Frederick Tracy.

MIDDLE HADDAM.

- 1892 Lawson, George Newton.

ESSEX.

- 1903 Bradeen, Frederick Barton.
 1908 Davis, Charles Clarence.

HADDAM.

HIGGANUM.

- 1910 Loewe, Leonard Joseph.

MIDDLETOWN.

- 1886 Bailey, John Elmore.....46 Washington
 1880 Calef, Jeremiah Francis.....151 Broad
 1886 Campbell, Arthur Joseph.....120 Washington
 1916 Campbell, Sheldon Samuel Stratton.....158 Broad
 1912 Fauver, Edgar.....55 Mt. Vernon
 1900 Fisher, Jessie Weston.....28 Crescent
 1919 Gibson, Edward Thomas.....State Hospital for Insane
 1916 Haviland, Clarence Floyd.....State Hospital for Insane
 1904 Kingman, James Henry.....139 Broad
 1893 Loveland, John Elijah.....93 Broad
 1896 Maitland, Lewis A.54 Broad
 1893 Mead, Kate Campbell.....145 Broad
 1903 Mitchell, James Thomas.....109 Broad
 1899 Mountain, John Henry.....172 Washington
 1896 Murphy, James.....91 Broad
 1896 Nolan, Daniel Andrew.....613 Main
 1916 O'Brien, Francis Joseph.....228 Main

| | | | |
|------|----------------------------------|-----|---------------------------|
| 1917 | Petrocelli, Gaetano Gerardo..... | 54 | Washington |
| 1911 | Rinde, Hamilton | | State Hospital for Insane |
| 1918 | Sandy, William Charles..... | | State Hospital for Insane |
| 1878 | Stanley, Charles Everett..... | | State Hospital for Insane |
| 1904 | Walsh, Thomas Patrick..... | 675 | Main |
| 1900 | Young, Charles Bellamy..... | 15 | Pleasant |

OLD SAYBROOK.

| | |
|------|-------------------------|
| 1905 | Grannis, Irwin. |
| 1901 | Luther, Calista Vinton. |

PORTLAND.

| | |
|------|--------------------------|
| 1913 | Burnham, John Ladd. |
| 1910 | Chedel, Charles Brigham. |
| 1877 | Fisher, William Edwin. |
| 1889 | Potter, Frank Edward. |
| 1863 | Sears, Cushman Allen. |

SAYBROOK.

DEEP RIVER.

| | |
|------|------------------------|
| 1892 | French, Howard Truman. |
| 1903 | Pratt, Arthur Milon. |

OUT OF COUNTY.

| | | | |
|------|------------------------------|-----|----------------------------------|
| 1909 | Brown, Louis Raymond..... | | State Hospital, Trenton, N. J. |
| 1909 | Chillingworth, Felix P. | | Tulane Univ., New Orleans, La. |
| 1890 | Coleburn, Arthur Burr..... | 14 | Elm. Norwalk |
| 1882 | Keniston, James Mortimer.... | 208 | Eastern Promenade, Portland, Me. |
| 1907 | Lord, Sidney Archer..... | | Nahant Road, Concord, Mass. |
| 1911 | McKendree, Charles A. | 616 | Madison ave., New York City |

Total Number 50

NEW HAVEN COUNTY.

President, DAVID R. LYMAN, M.D., Wallingford.

Vice President, B. AUSTIN CHENEY, M.D., New Haven.

Secretary, HERBERT THOMS, M.D., 59 College Street, New Haven.

Councilor, WILLIAM H. CARMALT, M.D., New Haven.

Censors, EDWARD T. BRADSTREET, M.D., FRANK H. WHEELER, M.D.,
CHARLES H. BROWN, M.D.

Annual Meeting, in April; Semi-Annual, in October. Date set
by the Executive Committee.

ANSONIA.

| | | | |
|------|------------------------------|-----|-------------|
| 1916 | Aaronson, Michael S. | 410 | Main |
| 1887 | Cooper, Louis Edward..... | 90 | North State |
| 1916 | Mercer, Clarence H. | 70 | Main |
| 1915 | O'Neil, William Henry..... | 194 | Main |
| 1907 | Parmelee, Edward Kibbe..... | 50 | Main |
| 1916 | Peck, Frederick Johnson..... | 44 | Main |
| 1909 | Tolles, Burton Isaac..... | 38 | Main |
| 1900 | Wilmot, Louis Howard..... | 38 | Main |

BRANFORD.

| | |
|------|----------------------------|
| 1917 | Gaylord, Charles Woodward. |
| 1916 | McQueen, Arthur Samuel. |
| 1886 | Tenney, Arthur John. |

DERBY.

| | | | |
|------|---------------------------------|-----|------------|
| 1916 | Baldwin, Charles Tomlinson..... | 74 | Olivia |
| 1917 | Kennedy, Paul B. | 51 | Elizabeth |
| 1885 | Loomis, Frank Newton..... | 116 | Elizabeth |
| 1906 | Maguire, Edward O'Reilly..... | 24 | Elizabeth |
| 1910 | Parlato, Michael Antonio..... | 270 | Elizabeth |
| 1890 | Pinney, Royal Watson..... | 116 | Derby ave. |
| 1914 | Plunkett, Thomas F. | 18 | Elizabeth |
| 1916 | Richardson, Dwight A. | 178 | Minerva |
| 1899 | Sharpe, Elmer Thomas..... | 12 | Elizabeth |
| 1914 | Sheahan, Michael J. | 173 | Elizabeth |
| 1910 | Treat, William Howard | 240 | Main |

EAST HAVEN.

| | | | |
|------|-------------------------------|-----|---------------|
| 1897 | Holbrook, Charles Werden..... | 596 | Thompson ave. |
|------|-------------------------------|-----|---------------|

GUILFORD.

| | |
|------|--------------------------|
| 1916 | Murlless, H. Walter. |
| 1916 | Smith, Frederic DeWitt. |
| 1888 | West, Redfield Benjamin. |

HAMDEN.

| | |
|------|----------------------|
| 1904 | Lay, Walter Sidders. |
|------|----------------------|

MOUNT CARMEL.

| | |
|------|------------------------|
| 1890 | Joslin, George Harvey. |
|------|------------------------|

MADISON.

1908 Rindge, Milo Pember.

MERIDEN.

1877 Bradstreet, Edward Thomas.....170 Colony
 1900 Cooke, Joseph Anthony.....50 E. Main
 1913 Dinnan, James Bernard.....West Mountain
 1881 Eggleston, Jeremiah Dewey.....132 W. Main
 1888 Fenn, Ava Hamlin.....30 Capitol ave.
 1889 Griswold, Frederick Pratt.....481 Broad
 1891 Hall, Edward Dormenio.....65 E. Main
 1896 LaPointe, John William Henry.....128 W. Main
 1907 Lockwood, Howard DeForest.....248 E. Main
 1917 McElman, Harry Wilbur.....62½ E. Main
 1891 Meeks, Harold Albert.....88 E. Main
 1913 Murdock, Thomas P.42½ E. Main
 1872 Nickerson, Nehemiah.....16 Washington
 1885 Otis, Samuel Dickinson.....165 W. Main
 1888 Pierce, Elbridge Worthington.....53½ W. Main
 1916 Quinlan, Raymond V.42½ E. Main
 1913 Smith, David Parker34 W. Main
 1883 Smith, Edward Weir34 W. Main
 1906 Sullivan, Michael Joseph.....77 W. Main
 1907 Wheatley, Louis Frederick.....174 Curtis
 1913 Wilson, Leslie Adams.....30 Colony

MILFORD.

1913 Fischer, William John Henry.
 1909 Ives, John Wagner.

DEVON.

1914 Pons, Louis Jacques.

NAUGATUCK.

1913 Baker, Walter Isaac.
 1891 Bull, Thomas Marcus.
 1901 Carroll, John James.
 1916 Claffey, Michael Francis.
 1894 Johnson, Edwin Hines.
 1906 Reilly, Walter A.
 1892 Robbins, James Watson.
 1901 Tuttle, Frank James.
 1914 Woodford, Chester North.

NEW HAVEN.

| | | | |
|------|-------------------------------------|------|--------------|
| 1902 | Allen, Millard Filmore..... | 65 | Dixwell ave. |
| 1893 | Alling, Arthur Nathaniel..... | 257 | Church |
| 1919 | Alpert, Reuben Henry..... | 47 | Sylvan ave. |
| 1895 | Arnold, Ernst Hermann..... | 1449 | Chapel |
| 1908 | Arnold, Harold Sears..... | 110 | Wall |
| 1893 | Bacon, Leonard Woolsey..... | 113 | Whitney ave. |
| 1916 | Baldwin, William Pitt..... | 1145 | Chapel |
| 1890 | Baribault, Arthur Octave..... | 211 | Chapel |
| 1900 | Barnes, William Samuel..... | 193 | York |
| 1908 | Barrett, William Joseph..... | 63 | Olive |
| 1896 | Bartlett, Charles Joseph..... | 195 | Church |
| 1905 | Bean, William Hill..... | 40 | Pleasant |
| 1909 | Beck, Frederick George..... | 199 | York |
| 1911 | Bercinsky, David..... | 360 | George |
| 1911 | Bergman, Alexander..... | 49 | Howe |
| 1898 | Bishop, Frederic Courtney..... | 1241 | Chapel |
| 1889 | Bishop, Louis Bennett..... | 356 | Orange |
| 1907 | Blake, Eugene Maurice..... | 55 | Trumbull |
| 1907 | Blumer, George..... | 150 | York |
| 1911 | Boardman, Albertus Kellogg..... | 441 | Forbes ave. |
| 1919 | Bonoff, Zelly A. | 387 | George |
| 1919 | Brown, Kent Oakley..... | 131 | Mansfield |
| 1916 | Burke, William Patrick Joseph..... | 466 | Dixwell ave. |
| 1913 | Butler, Wilda Edwin..... | 223 | York |
| 1904 | Butler, William James..... | 712 | Howard ave. |
| 1916 | Carelli, Genesis Frank..... | 541 | Chapel |
| 1877 | Carmalt, William Henry..... | 261 | St. Ronan |
| 1914 | Carroll, Charles Henry..... | 236 | Grand ave. |
| 1892 | Cheney, Benjamin Austin..... | 59 | College |
| 1913 | Churchman, John Woolman..... | 59 | College |
| 1909 | Cohane, Jeremiah Joseph | 59 | College |
| 1904 | Cohane, Timothy Francis..... | 530 | Howard ave. |
| 1917 | Collins, William Francis..... | 336 | St. John |
| 1914 | Comfort, Charles Williams, Jr. | 1193 | Chapel |
| 1915 | Comstock, Fred Walter..... | 552 | Howard ave. |
| 1914 | Conte, Harry Albert..... | 158 | St. John |
| 1887 | Converse, George Frederick..... | 1 | Whalley ave. |
| 1916 | Cooney, William Joseph..... | 342 | Grand ave. |
| 1897 | Crowe, Willis Hanford..... | 59 | College |
| 1914 | D'Agostino, Francesco..... | 621 | Chapel |
| 1886 | DeForest, Louis Shepard..... | 335 | Orange |
| 1908 | Diefendorf, Allen Ross..... | 129 | Church |
| 1915 | Dryfus, Milton Leopold..... | 824 | Orange |

| | | | |
|------|----------------------------------|------|----------------|
| 1882 | Eliot, Gustavus..... | 209 | Church |
| 1914 | Esposito, Joseph Vincent..... | 96 | Greene |
| 1913 | Ferguson, Robert John..... | 59 | College |
| 1892 | Ferris, Harry Burr..... | 395 | St. Ronan |
| 1911 | Flint, Joseph Marshall..... | 320 | Temple |
| 1914 | Flynn, Charles Thomas..... | 150 | Shelton ave. |
| 1917 | Flynn, David Aloysius..... | 352 | Grand ave. |
| 1898 | Flynn, James Henry Joseph..... | 840 | Howard ave. |
| 1888 | Foote, Charles Jenkins..... | 60 | Elm |
| 1907 | Ford, Alice Porter..... | 1400 | Chapel |
| 1910 | Goldberg, Samuel James..... | 322 | George |
| 1912 | Goldman, George..... | 1 | Howe |
| 1897 | Gompertz, Louis Michael..... | 1195 | Chapel |
| 1919 | Grodzinsky, Herman Wolmer..... | 840 | Howard ave. |
| 1914 | Harten, James Aloysius..... | 95 | Olive |
| 1903 | Hartshorn, Willis Ellis..... | 1138 | Chapel |
| 1881 | Hawkes, William Whitney..... | 31 | High |
| 1916 | Hendricks, Albert Ludwig..... | 26 | Trumbull |
| 1907 | Henze, Carl William | 466 | Orange |
| 1908 | Herbert, Archibald Cecil..... | 256 | McKinley ave. |
| 1912 | Hershman, Abram Aron..... | 6 | High |
| 1908 | Hessler, Herman Philip..... | 323 | George |
| 1916 | Hirata, Isao..... | 356 | Elm |
| 1917 | Honeij, James Albert..... | 700 | Forest |
| 1915 | Hynes, Frederick Henry..... | 196 | York |
| 1903 | Hynes, Thomas Vincent..... | 1441 | Chapel |
| 1914 | Jackowitz, Gabriel..... | 347 | Orange |
| 1914 | James, George Richard..... | 686 | State |
| 1919 | Johnson, Edgar Mayer..... | 42 | College |
| 1911 | Keating, Hugh Francis..... | 619 | Howard ave. |
| 1901 | Kilbourn, Clarence Leishman..... | 202 | Blatchley ave. |
| 1898 | Kirby, Frank Alonzo..... | 355 | Whalley ave. |
| 1912 | Kleiner, Israel..... | 193 | York |
| 1917 | Kleiner, Simon Bretzfelder..... | 39 | Howe |
| 1907 | Lane, John Edward..... | 59 | College |
| 1913 | Lang, William Peter..... | 1223 | Chapel |
| 1915 | Lear, Maxwell..... | 35 | Sylvan ave. |
| 1915 | Levy, Louis Henry | 1172 | Chapel |
| 1905 | Lewis, Dwight Milton..... | 36 | High |
| 1911 | Linde, Joseph Irving..... | 163 | York |
| 1878 | Lindsley, Charles Purdy..... | 59 | College |
| 1882 | Luby, John Francis..... | 42 | Howe |
| 1905 | Ludington, Nelson Amos..... | 1252 | Chapel |
| 1908 | Lyon, Treby Williams..... | 193 | York |

| | | | |
|------|----------------------------------|------|--------------------|
| 1905 | McDermott, Terrance Stephen..... | 1334 | Chapel |
| 1893 | McDonnell, Ralph Augustine..... | 1142 | Chapel |
| 1916 | McGuire, Frank J. | 26 | Elm |
| 1913 | McGuire, William Charles..... | 106 | Park |
| 1899 | McIntosh, Edward Francis..... | 307 | Alden ave. |
| 1900 | Maher, James Stephen..... | 261 | Orange |
| 1889 | Maher, Stephen John..... | 212 | Orange |
| 1878 | Mailhouse, Max..... | 105 | Elm |
| 1899 | Mariani, Nicola..... | 119 | Greene |
| 1892 | Marsh, Arthur Washburn..... | 1015 | Whalley ave. |
| 1916 | Mendillo, Anthony Joseph..... | 26 | Elm |
| 1917 | Merrill, William Truman..... | 10 | Sheffield ave. |
| 1916 | Morriss, William Haviland..... | | New Haven Hospital |
| 1916 | Morse, Arthur..... | 71 | College |
| 1910 | Murphy, John Aloysius..... | 28 | Edwards |
| 1897 | Nadler, Alfred Goldstein..... | 377 | Orange |
| 1904 | Notkins, Louis Adolph..... | 700 | Howard ave. |
| 1913 | Nugent, William Huggard..... | 432 | Temple |
| 1913 | O'Brien, John F. | 196 | York |
| 1885 | Osborne, Oliver Thomas..... | 177 | Church |
| 1881 | Park, Charles Edwin..... | 98 | Elm |
| 1894 | Peck, Robert Ellsworth..... | 59 | College |
| 1886 | Peckham, Lucy Creemer..... | 345 | Greene |
| 1909 | Phillips, Frank Lyman..... | 413 | Temple |
| 1893 | Pitman, Edwin Parker..... | 52 | Sylvan ave. |
| 1916 | Porter, Donald Wallace..... | 58 | Wall |
| 1894 | Porter, Isaac Napoleon..... | 198 | Dixwell ave. |
| 1913 | Prince, Alexander Louis..... | 150 | York |
| 1903 | Rand, Richard Foster..... | 246 | Church |
| 1903 | Reilly, Francis Henry..... | 296 | Columbus ave. |
| 1891 | Reilly, James Michael..... | 337 | Cedar |
| 1914 | Reynolds, Harry St. Clair..... | 195 | Church |
| 1890 | Ring, Henry Wilson..... | 185 | Church |
| 1897 | Robbins, Charles Henry..... | 326 | Grand ave. |
| 1892 | Robinson, Paul Skiff..... | 164 | Grand ave. |
| 1910 | Rogers, James Frederick..... | 447 | George |
| 1914 | Russell, Thomas Hubbard..... | 57 | Trumbull |
| 1910 | Sanford, Charles Edwin..... | 59 | College |
| 1897 | Sanford, Leonard Cutler..... | 347 | Temple |
| 1896 | Sanford, Ward Harding..... | 650 | Orange |
| 1911 | Scarbrough, Marvin McRae..... | 105 | College |
| 1915 | Scholl, Robert Frederick..... | 485 | Ferry |
| 1916 | Segnalla, Ernest..... | 516 | Chapel |
| 1915 | Sheahan, William Lawrence..... | 73 | Sherman ave. |

| | | | |
|------|-----------------------------------|------|-------------------|
| 1913 | Skiff, Stuart Ernest..... | 1194 | Chapel |
| 1914 | Skiff, Walter C. | 1184 | Chapel |
| 1891 | Skinner, Clarence Edward..... | 31 | Lake pl. |
| 1896 | Slattery, Morris Dove..... | 566 | Howard ave. |
| 1916 | Slemons, Josiah Morris..... | 284 | Orange |
| 1914 | Smirnow, Max Ruskin..... | 862 | Howard ave. |
| 1898 | Smith, Henry Hubert..... | 101 | Elm |
| 1914 | Smith, Marvin | 325 | Humphrey |
| 1896 | Sperry, Frederick Noyes..... | 59 | College |
| 1905 | Spier, Seymour Leopold..... | 359 | Crown |
| 1907 | Standish, Frank Billings..... | 199 | York |
| 1903 | Steele, Henry Merriman..... | 226 | Church |
| 1882 | Stetson, James Ebenezer..... | | Union League Club |
| 1914 | Stetson, Paul Russell..... | 646 | Dixwell ave. |
| 1916 | Stewart, Harry Eaton..... | 1449 | Chapel |
| 1911 | Sullivan, Jeremiah Barrett..... | 274 | Dixwell ave. |
| 1897 | Sullivan, John Francis..... | 205 | Blatchley ave. |
| 1886 | Swain, Henry Lawrence..... | 195 | Church |
| 1914 | Sweet, Grover Cleveland..... | 710 | Howard ave. |
| 1900 | Teele, Julia Ernestine..... | 206 | Hamilton |
| 1915 | Thoms, Herbert..... | 59 | College |
| 1911 | Tileston, Wilder..... | 424 | Temple |
| 1909 | Townshend, Raynham..... | 233 | Church |
| 1911 | Tracy, Robert Graham..... | 493 | Howard ave. |
| 1892 | Tuttle, Charles Alling..... | 196 | York |
| 1896 | Verdi, William Francis..... | 27 | Elm |
| 1915 | Weed, Arthur Romanzo..... | 198 | Park |
| 1919 | Weil, Arthur..... | 1172 | Chapel |
| 1902 | Welch, Harry Little | 59 | College |
| 1883 | Welch, William Collins..... | 59 | College |
| 1917 | Westervelt, Marvin Zabriskie..... | 406 | Dixwell ave. |
| 1884 | Wheeler, Frank Henry..... | 27 | Perkins |
| 1915 | White, Herman Robert..... | 416 | Oak pl. |
| 1916 | Whiting, Leonard Clark..... | 40 | Whalley ave. |
| 1906 | Whittemore, Edward Reed | 143 | Elm |
| 1877 | Whittemore, Frank Hamilton | 143 | Elm |
| 1899 | Winne, William Nelson..... | 1020 | Whalley ave. |
| 1881 | Wright, Frank Walden..... | 48 | Pearl |
| 1895 | Wurtenburg, William Charles..... | 98 | Elm |
| 1916 | Young, Thomas Herbert..... | 185 | Church |

NORTH HAVEN.

| | |
|------|-----------------------------|
| 1869 | Goodyear, Robert Beardsley. |
| 1904 | Higgins, Gould Shelton. |

MONTOWESE.

1914 Nichols, Ralph Wilbur.

ORANGE.

WEST HAVEN.

1890 Barnett, John Frederick.....34 Church
 1905 Bevan, Charles A.381 Main
 1913 Clarke, Ralph DeBallard.
 1909 Gilmore, Joseph Leo.....366 Main
 1904 Kowalewski, Victor Alexander.....597 Campbell ave.
 1898 Phelps, Charles Dickinson.....644 Campbell ave.
 1915 Rogers, Platt Harrison.....246 Elm

SEYMOUR.

1916 Beckwith, Henry W.107 Main
 1892 Benedict, Frank Allen.....13 Maple
 1896 Davis, Elias Wyman.....142 Washington ave.
 1913 Harvey, Edward Regis.....119 Main

WALLINGFORD.

1908 Buffum, John Harold.....145 N. Main
 1905 Lyman, David Russell.....Gaylord Farm Sanatorium
 1911 McGaughey, James David.....261 Center
 1881 Russell, William Spencer.....176 N. Main
 1916 Smith, Charles Francis.....34 N. Whittlesey ave.

WATERBURY.

1900 Anderson, Henry Gray.....39 Leavenworth
 1916 Anderson, Peyton Fortune.....18 Pearl
 1874 Barber, Walter Lewis87 N. Main
 1910 Barber, Walter Lewis, Jr.87 N. Main
 1908 Bevans, Theodore F.Lilley Bldg.
 1916 Bonner, Robert Alexander.....140 N. Main
 1910 Brennan, Patrick Joseph.....565 E. Main
 1894 Brown, Charles Henry.....57 N. Main
 1913 Byrne, Daniel J.317 N. Main
 1914 Callender, Eugene Frederick.....164 W. Main
 1875 Castle, Frank Edwin.....77 N. Main
 1892 Cooley, Myron Lucius.....354 N. Main
 1907 Cowan, Isabel.....79 N. Main
 1887 Crane, Augustin Averill.....300 W. Main

| | | | |
|------|----------------------------------|-----|--------------|
| 1916 | DeLuise, Isacco | 312 | S. Main |
| 1912 | Dillon, John Henry..... | 337 | N. Main |
| 1902 | Dwyer, Patrick James..... | 852 | S. Main |
| 1917 | Dye, John Sinclair..... | 160 | Prospect |
| 1916 | Egan, John Joseph..... | 131 | Baldwin |
| 1905 | Engelke, Charles..... | 50 | Leavenworth |
| 1905 | Farrell, John Edward..... | | Lilley Bldg. |
| 1880 | Frost, Charles Warren Selah..... | 54 | Central ave. |
| 1907 | Gailey, John Joseph..... | 120 | N. Main |
| 1909 | Gancher, Jacob..... | 239 | N. Main |
| 1914 | Good, William Murray..... | 827 | Bank |
| 1894 | Goodenough, Edward W. | 44 | Leavenworth |
| 1904 | Goodrich, William Albert..... | 6 | Abbott ave. |
| 1896 | Graves, Frederick George..... | 161 | N. Main |
| 1915 | Green, Jacques H. | 148 | N. Main |
| 1893 | Hamilton, Charles Allen..... | 171 | N. Main |
| 1887 | Hayes, John Francis..... | 15 | S. Elm |
| 1910 | Healey, Thomas Francis..... | 31 | Pleasant |
| 1911 | Herr, Edward Albert..... | 317 | N. Main |
| 1915 | Johnson, Ernest H. | 164 | W. Main |
| 1898 | Kilmartin, Thomas J. | | Lilley Bldg. |
| 1914 | Kirschbaum, Edward H. | 20 | Grove |
| 1910 | Lawlor, Michael Joseph..... | 158 | N. Main |
| 1916 | Licht, William Henry..... | 311 | W. Main |
| 1909 | McDonald, Arthur Francis..... | 188 | E. Main |
| 1916 | McGrath, John H. | 309 | E. Main |
| 1906 | McLarney, Thomas Joseph..... | 27 | Cherry |
| 1905 | McLinden, James John..... | 658 | N. Main |
| 1897 | Maloney, Daniel Joseph..... | 79 | N. Main |
| 1899 | Monagan, Charles Andrew..... | 64 | Cooke |
| 1897 | Moriarty, James Ligouri..... | 46 | Leavenworth |
| 1887 | Munger, Carl Eugene..... | 81 | N. Main |
| 1893 | O'Connor, Patrick Thomas..... | 182 | W. Main |
| 1887 | O'Hara, Bernard Augustine..... | 161 | E. Main |
| 1901 | Pomeroy, Nelson Asa..... | 76 | Center |
| 1916 | Quinn, Raymond J. | 69 | Washington |
| 1916 | Riordan, Michael Davitt..... | 853 | Bank |
| 1894 | Robbins, George Orrin..... | 192 | Grand |
| 1883 | Rodman, Charles Shepard..... | 48 | N. Main |
| 1910 | Russell, Edmund..... | 76 | Center |
| 1897 | Russell, George Washington..... | 236 | Bank |
| 1914 | Ryder, Raymond Harrison..... | 177 | Bank |
| 1906 | Smith, Egbert Livingston..... | 292 | W. Main |
| 1915 | Spicer, Edmund | 292 | W. Main |

| | | | |
|------|-----------------------------|-----|---------|
| 1906 | Swenson, Andrew Clay..... | 164 | W. Main |
| 1902 | Thibault, Louis Joseph..... | 35 | Willow |
| 1908 | Variell, Arthur | 133 | W. Main |
| 1916 | Vastola, Anthony P. | 99 | N. Main |

OUT OF COUNTY.

| | | |
|------|------------------------------|----------------------------------|
| 1883 | Benedict, John Mitchell..... | Woodbury, Conn. |
| 1916 | Gessner, Francis Emil..... | care of Surgeon Gen., U. S. Army |
| 1899 | Hammond, Samuel Mowbray..... | 36 Pearl st., Hartford |
| 1917 | Hoegen, Joseph Alton..... | 334 Alexander ave., Bronx, N. Y. |
| 1891 | McNeil, Rollin..... | South Salem, N. Y. |
| 1886 | Moody, Mary Blair..... | 2826 Garber st., Berkeley, Cal. |

Total Number 319

NEW LONDON COUNTY.

President, DANIEL SULLIVAN, M.D., New London.*Vice President*, HUGH B. CAMPBELL, M.D., Norwich.*Secretary*, ALBERT C. FREEMAN, M.D., 58 Broadway, Norwich.*Councilor*, CHARLES C. GILDERSLEEVE, M.D., Norwich.*Censors*, E. P. DOUGLASS, M.D., C. B. GRAVES, M.D., G. H. JENNINGS, M.D.Annual Meeting, First Thursday in April; Semi-Annual, First
Thursday in October.

COLCHESTER.

1913 Howland, Edward Joseph.

EAST LYME.

NIANTIC.

1906 Atkinson, Edward.

1887 Dart, Frederick Howard.

GRISWOLD.

JEWETT CITY.

1876 Jennings, George Herman.

1916 McLaughlin, John Henry.

GROTON.

- 1916 Barnum, Charles Gardiner.
 1918 Douglass, Edmund Latham.
 1893 Douglass, Edmund Peaslee.

NOANK.

- 1904 Hill, William Martin.

LYME.

- 1909 Devitt, Ellis King.

MONTVILLE.

UNCASVILLE.

- 1894 Fox, Morton Earl.

NEW LONDON.

- 1916 Black, John Torrington.....285 Montauk ave.
 1916 Black, Ross Elliot.....581 Bank
 1916 Cheney, George Philip.....62 Montauk ave.
 1895 Chipman, Edwin Clifford.....232 Williams
 1907 Cronin, William Daniel.....23 Main
 1909 Dunn, Frank Martin.....149 State
 1896 Ferrin, Carlisle Franklin.....36 Huntington
 1906 Ganey, Joseph Matthew.....8 Main
 1887 Graves, Charles Burr.....4 Mercer
 1907 Harrington, James Leon.....215 Montauk ave.
 1902 Henkle, Emmanuel Alexander.....51 Federal
 1895 Heyer, Harold Hankinson.....70 Coit
 1909 Lawson, Stuart Johnston.....Manwaring Bldg., State
 1901 Lee, Harry Moore.....Gallup lane
 1896 Rogers, Thomas Weaver.....43 Huntington
 1878 Stanton, John Gilman.....99 Huntington
 1904 Sullivan, Daniel58 Huntington
 1899 Taylor, John Clifton.....Harris Bldg.
 1909 Winship, Ernest Oliver.....Manwaring Bldg., State
 1916 Young, James Frederick.....78 Washington

NORTH STONINGTON.

- 1915 Maine. Thurman Park.

NORWICH.

| | | |
|------|-----------------------------------|-------------------------------|
| 1910 | Agnew, Robert Robertson..... | Thayer Bldg. |
| 1915 | Blackmar, John Stanton..... | 24 Oneco |
| 1908 | Brophy, Edward Joseph..... | 88 Central |
| 1884 | Browne, William Tyler..... | 275 Broadway |
| 1916 | Callahan, John W. | 314 Main |
| 1915 | Campbell, Hugh Baird..... | State Tuberculosis Sanatorium |
| 1909 | Casey, William Bradford..... | 284 Main |
| 1914 | Cassidy, Louis Thomas..... | 48 Church |
| 1871 | Cassidy, Patrick..... | 46 Main |
| 1897 | Donahue, James Joseph..... | 43 Broadway |
| 1915 | Donahue, John Daniel | 138 Washington |
| 1915 | Donahue, John James | 138 Washington |
| 1916 | Driscoll, William T. | Alice Bldg., Main |
| 1916 | Freeman, Albert Clark..... | 58 Broadway |
| 1898 | Gildersleeve, Charles Childs..... | 287 Main |
| 1898 | Higgins, Harry Eugene..... | 21 Fairmount |
| 1914 | LaPierre, Arnaud Julian..... | 287 Main |
| 1907 | LaPierre, Leone Franklin..... | 287 Main |
| 1892 | Perkins, Charles Harris..... | Shannon Bldg. |
| 1886 | Tingley, Witter Kinney..... | 35 Main |

TAFTVILLE.

| | |
|------|----------------------|
| 1916 | Pratt, Louis Irving. |
| 1891 | Thompson, George. |

STONINGTON.

MYSTIC.

| | |
|------|----------------------------|
| 1907 | Allyn, Louis Maxson. |
| 1894 | Gray, William Henry. |
| 1889 | Purdy, Alexander Marshall. |
| 1914 | Smail, Martin Lawson. |

WATERFORD.

| | |
|------|------------------------|
| 1895 | Minor, George Maynard. |
|------|------------------------|

OUT OF COUNTY.

| | | |
|------|--------------------------------|--|
| 1904 | Fontaine, Alphonse..... | Plainfield |
| 1915 | Lynch, Edward James..... | State Tuberculosis Sanatorium, Shelton |
| 1912 | Williams, Charles Mallory..... | 66 W. 55th st., New York City |
| 1913 | Wilson, Frank E. | 980 Windsor ave., Hartford |

Total Number 63

TOLLAND COUNTY.

President, WILLIAM L. HIGGINS, M.D., South Coventry.

Vice President, ALONZO L. HURD, M.D., Somers.

Secretary, FREDERICK W. WALSH, M.D., Rockville.

Councilor, THOMAS F. ROCKWELL, Rockville.

Censors, JOHN P. HANLEY, M.D., FREDERICK W. WALSH, M.D.,
THOMAS F. O'LOUGHLIN, M.D.

Annual Meeting, Third Tuesday in April; Semi-Annual, Third
Tuesday in October.

COVENTRY.

ROCKVILLE.

1905 Fiske, Isaac Parsons.....R. F. D. 2

SOUTH COVENTRY.

1891 Higgins, William Lincoln.

MANSFIELD.

MANSFIELD DEPOT.

1915 Hackett, John Francis.

1918 La Moure, Charles TenEyck.

1918 Smith, Gilbert Tyson.

SOMERS.

1894 Hurd, Alonzo L.

STAFFORD.

STAFFORD SPRINGS.

1917 Dawson, James William.

1908 Hanley, John Patrick.

1857 Newton, Cyrus Brownlee.

1879 Smith, Frank Lewis.

TOLLAND.

1890 Simmons, Willard Nelson.

VERNON.

ROCKVILLE.

- 1908 Bean, Wright Butler.
 1908 Dickinson, Francis McLean.
 1918 Flaherty, John Edward.
 1897 O'Loughlin, Thomas Francis.
 1883 Rockwell, Thomas Francis.
 1885 Walsh, Frederick William.

Total Number 17

WINDHAM COUNTY.

President, J. A. GIROUARD, M.D., Willimantic.*Vice President*, ARTHUR A. CHASE, M.D., Moosup.*Secretary*, A. D. MARSH, M.D., Hampton.*Councilor*, S. B. OVERLOCK, M.D., Pomfret.*Censors*, C. E. HILL, M.D., T. R. PARKER, M.D., W. H. JUDSON, M.D.

Annual Meeting, Third Thursday in April; Semi-Annual
 Meeting, Third Thursday in October.

HAMPTON.

- 1914 Marsh, Arthur Drought.

KILLINGLY.

- 1908 Barnes, George.

DANIELSON.

- 1905 Burroughs, George McClellan.
 1883 Hibbard, Nathaniel.
 1879 Judson, William Henry.
 1918 Kingsbury, Charles Henry.
 1909 Perreault, Joseph Napoleon.

EAST KILLINGLY.

- 1885 Hill, Charles Edwin.

PLAINFIELD.

CENTRAL VILLAGE.

- 1898 Gardner, James Lester.

MOOSUP.

- 1895 Adams, William Waldo.
1884 Allen, Charles Noah.
1909 Downing, Francis.
1903 Chase, Arthur Alverdo.

POMFRET.

- 1895 Overlock, Seldom Burden.

PUTNAM.

- 1905 Bullard, Marguerite Jane.
1871 Kent, John Bryden.
1897 Morrell, Frederick Augustus.
1906 Perry, Edward Franklin.

THOMPSON.

- 1903 Paine, Robert Child.

NORTH GROSVENORDALE.

- 1906 Roch, Emilien.

WINDHAM.

- 1888 Guild, Frank Eugene.

WILLIMANTIC.

- 1908 Egbert, Jay Hobart.
1891 Girard, Charles Hermenigilde.
1901 Girouard, Joseph Arthur.
1919 Hendrie, William Edward.
1896 Hills, Laura Heath.
1913 Jenkins, Charles Albert.
1908 Keating, William Patrick Stuart.
1909 Mason, Louis Irving.
1907 O'Neil, Owen.
1884 Parker, Theodore Raymond.
1906 Simonds, Clarence Eugene.
1914 Smith, Fred Morse.
1891 White, Robert Creighton.

WOODSTOCK.

EAST WOODSTOCK.

- 1913 Pike, Ernest Reginald.

OUT OF COUNTY.

1883 Foster, Warren Woden.....Bureau of Pensions, Washington, D. C.

Total Number 36

SUMMARY.

| | |
|-------------------------|-----|
| FAIRFIELD COUNTY | 200 |
| HARTFORD COUNTY | 240 |
| LITCHFIELD COUNTY | 69 |
| MIDDLESEX COUNTY | 50 |
| NEW HAVEN COUNTY | 319 |
| NEW LONDON COUNTY | 63 |
| TOLLAND COUNTY | 17 |
| WINDHAM COUNTY | 36 |
| <hr/> | |
| TOTAL | 994 |

OFFICERS OF THE CONNECTICUT STATE MEDICAL
SOCIETY FROM ITS ORGANIZATION IN 1792
TO THE PRESENT TIME.*

PRESIDENTS.

| | | | |
|------|----------------------|------|----------------------|
| 1792 | Leverett Hubbard. | 1876 | Ashbel W. Barrows. |
| 1794 | Eneas Munson. | 1877 | Robert Hubbard. |
| 1801 | James Potter. | 1878 | Charles M. Carleton. |
| 1803 | Thomas Mosley. | 1879 | Alfred R. Goodrich. |
| 1804 | Jeremiah West. | 1880 | Gideon L. Platt. |
| 1807 | John R. Watrous. | 1881 | William Deming. |
| 1812 | Mason F. Cogswell. | 1882 | William G. Brownson. |
| 1822 | Thomas Hubbard. | 1883 | Elisha B. Nye. |
| 1827 | Eli Todd. | 1884 | Benjamin N. Comings. |
| 1829 | John S. Peters. | 1885 | Elijah C. Kinney. |
| 1832 | William Buel. | 1886 | T. Morton Hills. |
| 1834 | Thomas Miner. | 1887 | Francis Bacon. |
| 1837 | Silas Fuller. | 1888 | George L. Porter. |
| 1841 | Elijah Middlebrook. | 1889 | Orlando Brown. |
| 1843 | Luther Ticknor. | 1890 | Melancthon Storrs. |
| 1846 | Archibald Welch. | 1891 | Charles A. Lindsley. |
| 1849 | George Sumner. | 1892 | Cyrus B. Newton. |
| 1851 | Rufus Blakeman. | 1893 | Francis D. Edgerton. |
| 1853 | Richard Warner. | 1894 | Francis N. Braman. |
| 1854 | William H. Cogswell. | 1895 | Seth Hill. |
| 1856 | Benjamin H. Catlin. | 1896 | Rienzi Robinson. |
| 1858 | Ashbel Woodward. | 1897 | Ralph S. Goodwin. |
| 1861 | Josiah G. Beckwith. | 1898 | Henry P. Stearns. |
| 1863 | Ebenezer K. Hunt. | 1899 | Charles S. Rodman. |
| 1865 | Nathan B. Ives. | 1900 | Leonard B. Almy. |
| 1866 | Isaac G. Porter. | 1901 | John H. Grannis. |
| 1867 | Charles Woodward. | 1902 | Gould A. Shelton. |
| 1868 | Samuel B. Beresford. | 1903 | Samuel B. St. John. |
| 1869 | Henry Bronson. | 1904 | William H. Carmalt. |
| 1870 | Charles F. Sumner. | 1905 | †Edward H. Welch. |
| 1871 | Gurdon W. Russell. | | Nathaniel E. Wordin. |
| 1872 | Henry W. Buel. | 1906 | William L. Higgins. |
| 1873 | Ira Hutchinson. | 1907 | Everett J. McKnight. |
| 1874 | Lowell Holbrook. | 1908 | Sheldon B. Overlock. |
| 1875 | Pliny A. Jewett. | 1909 | Samuel D. Gilbert. |
| | | 1910 | Frank K. Hallock. |

* Prepared for the Secretary by Dr. J. B. Lewis, Hartford.

† Resigned.

| | | | |
|------|---------------------|------|----------------------|
| 1911 | John G. Stanton. | 1915 | Max Mailhouse. |
| 1912 | E. T. Bradstreet. | 1916 | Samuel M. Garlick. |
| 1913 | D. Chester Brown. | 1917 | Edward K. Root. |
| 1914 | { ‡Oliver C. Smith. | 1918 | Charles J. Bartlett. |
| | { Stephen J. Maher. | | |

VICE PRESIDENTS.

| | | | |
|------|----------------------|------|----------------------|
| 1792 | Eneas Munson. | 1870 | Gurdon W. Russell. |
| 1794 | Elihu Tudor. | 1871 | Henry W. Buel. |
| 1796 | James Potter. | 1872 | Ira Hutchinson. |
| 1801 | Thomas Mosley. | 1873 | Lowell Holbrook. |
| 1803 | Jeremiah West. | 1874 | Pliny A. Jewett. |
| 1804 | Jared Potter. | 1875 | Ashbel W. Barrows. |
| 1806 | John R. Watrous. | 1876 | Robert Hubbard. |
| 1807 | Mason F. Cogswell. | 1877 | Charles M. Carleton. |
| 1812 | John Barker. | 1878 | Alfred R. Goodrich. |
| 1813 | Timothy Hall. | 1879 | Gideon L. Platt. |
| 1814 | Thomas Hubbard. | 1880 | William Deming. |
| 1822 | Eli Todd. | 1881 | William G. Brownson. |
| 1824 | Eli Ives. | 1882 | Elisha B. Nye. |
| 1827 | John S. Peters. | 1883 | Benjamin N. Comings. |
| 1829 | William Buel. | 1884 | Elijah C. Kinney. |
| 1832 | Thomas Miner. | 1885 | Samuel Hutchins. |
| 1834 | Silas Fuller. | 1886 | Francis Bacon. |
| 1837 | Elijah Middlebrook. | 1887 | George L. Porter. |
| 1841 | Luther Ticknor. | 1888 | Orlando Brown. |
| 1843 | Archibald Welch. | 1889 | Charles J. Fox. |
| 1846 | Dyer T. Brainard. | 1890 | Charles A. Lindsley. |
| 1847 | George Sumner. | 1891 | Cyrus B. Newton. |
| 1849 | Rufus Blakeman. | 1892 | Francis D. Edgerton. |
| 1851 | Richard Warner. | 1893 | Francis N. Braman. |
| 1853 | William H. Cogswell. | 1894 | Seth Hill. |
| 1854 | Benjamin H. Catlin. | 1895 | Rienzi Robinson. |
| 1856 | Ashbel Woodward. | 1896 | Ralph S. Goodwin. |
| 1858 | Josiah G. Beckwith. | 1897 | Henry P. Stearns. |
| 1861 | Ebenezer K. Hunt. | 1898 | Charles S. Rodman. |
| 1863 | Nathan B. Ives. | 1899 | Leonard B. Almy. |
| 1865 | Isaac G. Porter. | 1900 | John H. Grannis. |
| 1866 | Charles Woodward. | 1901 | Gould A. Shelton. |
| 1867 | Samuel B. Beresford. | 1902 | Samuel B. St. John. |
| 1868 | Henry Bronson. | 1903 | William H. Carmalt. |
| 1869 | Charles F. Sumner. | 1904 | Edward H. Welch. |

‡ Deceased in office.

| | | | |
|------|--|------|--|
| 1905 | { Frederick A. Morrell. Eli P. Flint. | 1912 | { Frederick Gilnack. Alvin E. Barber. |
| 1906 | { Charles E. Brayton. Franklin P. Clark. | 1913 | { William S. Hulbert. Kate C. Mead. |
| 1907 | { Miner C. Hazen. Irving L. Hamant. | 1914 | { Stephen J. Maher. John B. Kent. |
| 1908 | { Samuel D. Gilbert. Walter L. Barber. | 1915 | { Charles B. Graves. Cushman A. Sears. |
| 1909 | { Theodore R. Parker. William J. Tracey. | 1916 | { George M. Burroughs. John C. Kendall. |
| 1910 | { Edmund P. Douglass. Edward T. Bradstreet. | 1917 | { Patrick Cassidy. Charles C. Godfrey. |
| 1911 | { D. Chester Brown. Ralph C. Paine. | 1918 | { Frank E. Guild. James H. Kingman. |

SECRETARIES.

| | | | |
|------|---------------------|------|-------------------------|
| 1792 | Jared Potter. | 1843 | Ralph Farnsworth. |
| 1794 | James Clark. | 1844 | Worthington Hooker. |
| 1796 | Daniel Sheldon. | 1846 | Gurdon W. Russell. |
| 1798 | Nathaniel Perry. | 1849 | Josiah G. Beckwith. |
| 1800 | Samuel Woodward. | 1858 | Panet M. Hastings. |
| 1801 | William Shelton. | 1862 | Leonard J. Sanford. |
| 1805 | John Barker. | 1864 | Moses C. White. |
| 1810 | Eli Ives. | 1876 | Charles W. Chamberlain. |
| 1813 | Joseph Foot. | 1883 | Samuel B. St. John. |
| 1817 | Jonathan Knight. | 1889 | Nathaniel E. Wordin. |
| 1827 | Samuel B. Woodward. | 1905 | Walter R. Steiner. |
| 1830 | George Sumner. | 1912 | Wilder Tileston. |
| 1832 | Charles Hooker. | 1913 | Marvin McR. Scarbrough. |
| 1838 | Archibald Welch. | 1917 | John E. Lane. |

TREASURERS.

| | | | |
|------|--------------------|------|----------------------|
| 1792 | John Osborn. | 1834 | Elijah Middlebrook. |
| 1793 | Jeremiah West. | 1837 | Luther Tichnor. |
| 1794 | John Osborn. | 1841 | Virgil Maro Dow. |
| 1796 | Mason F. Cogswell. | 1851 | George O. Sumner. |
| 1800 | William B. Hall. | 1863 | James C. Jackson. |
| 1808 | Timothy Hall. | 1876 | Francis D. Edgerton. |
| 1813 | Richard Ely. | 1883 | Erastus P. Swasey. |
| 1816 | Thomas Miner. | 1889 | William W. Knight. |
| 1817 | John S. Peters. | 1905 | Joseph H. Townsend. |
| 1827 | William Buel. | 1916 | Phineas H. Ingalls. |
| 1829 | Joseph Palmer. | | |

**HONORARY MEMBERS OF THE CONNECTICUT STATE
MEDICAL SOCIETY FROM ITS ORGANIZATION
IN 1792 TO THE PRESENT TIME.***

| | | |
|------|-----------------------------|-----------------------|
| 1797 | Felix Pascalis Ouyiere..... | Philadelphia, Pa. |
| 1826 | James Jackson..... | Boston, Mass. |
| | John C. Warren..... | Boston, Mass. |
| | Samuel L. Mitchell..... | New York |
| | David Hosack | New York |
| | Wright Post..... | New York |
| | Benjamin Silliman..... | New Haven, Conn. |
| | George M'Clellan | Philadelphia, Pa. |
| | John Mackie | Philadelphia, Pa. |
| | Charles Eldridge..... | East Greenwich, R. I. |
| | Theodore R. Beck..... | Albany, N. Y. |
| | James Thatcher..... | Plymouth, Mass. |
| 1827 | Joseph White..... | Cherry Valley, N. Y. |
| | William P. Dewees..... | Philadelphia, Pa. |
| | Edward Delamater..... | New York |
| | John Delamater..... | Albany, N. Y. |
| | Walter Channing | Boston, Mass. |
| | Jacob Bigelow | Boston, Mass. |
| 1828 | Philip Syng Physick..... | Philadelphia, Pa. |
| | Lewis Heermann..... | U. S. Navy |
| | Daniel Drake..... | Cincinnati, Ohio |
| | Henry Mitchell..... | Norwich, N. Y. |
| | Nathan R. Smith..... | Baltimore, Md. |
| 1829 | Valentine Mott..... | New York |
| | Samuel White..... | Hudson, N. Y. |
| | Reuben D. Mussey..... | Hanover, N. H. |
| | William Tully..... | New Haven, Conn. |
| 1830 | Richmond Brownell..... | Providence, R. I. |
| 1833 | William Beaumont..... | U. S. Army |
| 1834 | Samuel Henry Dickson..... | Charleston, S. C. |
| 1835 | Samuel Bayard Woodward..... | Worcester, Mass. |
| 1837 | John Stearns..... | New York |
| 1839 | Henry Green..... | Albany, N. Y. |
| | Stephen W. Williams..... | Deerfield, Mass. |
| 1840 | George Frost..... | Springfield, Mass. |
| 1841 | William Parker..... | New York |
| 1842 | Benjah Ticknor..... | U. S. Navy |
| 1844 | Alden March..... | Albany, N. Y. |

* Prepared for the Secretary in 1918 by Dr. Walter R. Steiner, Hartford.

| | | |
|------|----------------------------|--------------------|
| 1847 | Amos Twitchell..... | Keene, N. H. |
| | Charles A. Lee..... | New York |
| | David S. C. H. Smith..... | Sutton, Mass. |
| 1850 | James M. Smith..... | Springfield, Mass. |
| 1851 | Henry D. Bulkley..... | New York |
| 1852 | J. Marion Sims..... | Montgomery, Ala. |
| | John Watson..... | New York |
| 1854 | Frank H. Hamilton..... | Buffalo, N. Y. |
| | Robert Watts..... | New York |
| 1855 | Mason F. Cogswell..... | Albany, N. Y. |
| | Oliver Wendell Holmes..... | Boston, Mass. |
| | Joseph Sargent | Worcester, Mass. |
| | J. V. C. Smith..... | Boston, Mass. |
| 1856 | Foster Hooper..... | Fall River, Mass. |
| 1857 | Thomas C. Brinsmade..... | Troy, N. Y. |
| | George Chandler | Worcester, Mass. |
| | Gilman Kimball | Lowell, Mass. |
| 1858 | James McNaughton..... | Albany, N. Y. |
| | Usher Parsons..... | Providence, R. I. |
| 1859 | S. D. Willard..... | Albany, N. Y. |
| | John Ware..... | New York |
| 1861 | Ebenezer Alden..... | Randolph, Mass. |
| | B. Fordyce Barker..... | New York |
| 1862 | J. G. Adams..... | New York |
| | Jared Linsley | New York |
| 1863 | A. J. Fuller..... | Bath, Maine |
| 1864 | Samuel H. Pennington..... | Newark, N. J. |
| | Frederick N. Bennett..... | Orange, N. J. |
| | Thomas W. Blatchford..... | Troy, N. Y. |
| | Thomas C. Finnell | New York |
| | N. C. Husted..... | New York |
| | Jacob P. Whittemore..... | Chester, N. H. |
| 1865 | John Green..... | Worcester, Mass. |
| | Thomas Sanborn..... | Newport, N. H. |
| | William Pierson | Orange, N. J. |
| | Arthur Ward | Belleville, N. J. |
| | Hiram Corliss..... | Washington, N. Y. |
| 1866 | E. K. Webster..... | Boscawen, N. H. |
| | P. A. Stackpole..... | Dover, N. H. |
| 1868 | Samuel L. F. Simpson..... | Concord, N. H. |
| | A. T. Woodward..... | Brandon, Vt. |
| 1869 | Benjamin Cotting..... | Boston, Mass. |
| | J. C. Hutchinson..... | Brooklyn, N. Y. |
| | William McCollom..... | Brooklyn, N. Y. |

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| 1870 | Henry L. Bowditch..... | Boston, Mass. |
| | Seth Shove | New York |
| | Samuel T. Hubbard..... | New York |
| 1873 | Gurdon Buck | New York |
| | George F. Horton..... | Terrytown, Pa. |
| 1880 | A. N. Bell..... | Garden City, L. I. |
| | E. Seguin..... | New York |
| 1882 | Pliny Earle..... | Northampton, Mass. |
| 1883 | J. S. Billings..... | U. S. Army |
| 1884 | James E. Reeves..... | Wheeling, W. Va. |
| | T. A. Emmett..... | New York |
| 1888 | John Dalton | New York |
| 1889 | Edward Moore..... | Rochester, N. Y. |
| 1890 | W. H. Welch..... | Baltimore, Md. |
| 1891 | Robert F. Weir..... | New York |
| 1892 | Sir Joseph Lister..... | London |
| | E. G. Janeway..... | New York |
| | E. R. Squibb..... | Brooklyn, N. Y. |
| 1894 | E. L. B. Stickney..... | Springfield, Mass. |
| | David Webster..... | New York |
| | A. J. C. Skene..... | Brooklyn, N. Y. |
| | Charles E. Gross..... | Hartford, Conn. |
| 1895 | Sir James Grant..... | Ottawa |
| | Henry O. Marcy..... | Boston, Mass. |
| 1896 | W. W. Keen | Philadelphia, Pa. |
| | T. G. Thomas..... | New York |
| | T. M. Prudden..... | New York |
| 1898 | William T. Lusk..... | New York |
| | James W. McLane..... | New York |
| | Landon Carter Gray..... | New York |
| 1899 | F. H. Wiggin..... | New York |
| 1900 | Seneca D. Powell..... | New York |
| | J. W. S. Gouley..... | New York |
| 1903 | Reynold Webb Wilcox..... | New York |
| 1904 | William Osler..... | Baltimore, Md. |
| 1905 | George M. Sternberg..... | Washington, D. C. |
| | Francis Delafield | New York |
| 1906 | William T. Bull..... | New York |
| | Maurice H. Richardson..... | Boston, Mass. |
| 1915 | William C. Gorgas..... | Washington, D. C. |
| 1917 | Richard P. Strong..... | Boston, Mass. |
| | Herman M. Biggs..... | Albany, N. Y. |
| 1918 | Harvey Cushing | Boston, Mass. |

ALPHABETICAL LIST

OF THE

MEMBERS OF THE CONNECTICUT STATE MEDICAL SOCIETY,

With Date and Place of Graduation.

| | | |
|---|-----------------------------------|---------------|
| Aaronson, M. S. | Univ. N. Y., '13..... | Ansonia |
| Abrams, A. E. | Albany, '81..... | Hartford |
| Adam, J. G. | Trinity, Tor., '00..... | Canaan |
| Adams, F. J. | Univ. N. Y., '95..... | Bridgeport |
| Adams, H. E. | Yale, '02..... | Hartford |
| Adams, W. W. | Bellevue, '91..... | Moosup |
| Agnew, R. R. | Yale, '08..... | Norwich |
| Alcorn, T. G. | P. & S., Boston, '97..... | Thompsonville |
| Alcott, R. W. E. | U. S. Med. Coll., '81..... | West Hartford |
| Allen, C. N. | Univ. Vt., '81..... | Moosup |
| Allen, H. O. | Univ. N. Y., '79..... | Broad Brook |
| Allen, H. S. | Yale, '04..... | Woodbury |
| Allen, H. W. | Med. Chir., Phila., '09..... | Ridgefield |
| Allen, L. M. | P. & S., N. Y., '80..... | South Norwalk |
| Allen, M. F. | Med. Chi., Phila., '95..... | New Haven |
| Alling, A. N., B.A., Yale, '86 | P. & S., N. Y., '91..... | New Haven |
| Allyn, L. M. | Univ. Penn., '93..... | Mystic |
| Alpert, R. H. | Yale, '13..... | New Haven |
| Alton, C. De L. | Bellevue, '75..... | Hartford |
| Anderson, H. G. | P. & S., N. Y., '89..... | Waterbury |
| Anderson, P. F. | N. Y. Homeo. Med. Col., '13..... | Waterbury |
| Arnold, E. H. | Yale, '94..... | New Haven |
| Arnold, H. S., B.A., Yale, '00 | Yale, '03..... | New Haven |
| Atkinson, E. | Univ. Vt., '93..... | Niantic |
| Austin, A. E., B.A., Amherst; M.A., Amherst, '04 | Jefferson, '05..... | Sound Beach |
| Avery, J. W. | Univ. Vt., '97..... | Stamford |
| Axtelle, J. F. | L. I. Hosp. Coll., '78..... | Hartford |
| | | |
| Backus, H. S. | L. I. Hosp. Coll., '03..... | Broad Brook |
| Bacon, L. W., B.A., Yale, '88 | Yale, '92..... | New Haven |
| Bailey, J. E. | P. & S., N. Y., '85..... | Middletown |
| Bailey, M. A. | P. & S., Balt., '93..... | Hartford |
| Bailey, N. H. | P. & S., Balt., '11..... | Hartford |
| Baker, W. I. | Hahnemann, Phila., '98..... | Naugatuck |
| Baldwin, C. T. | Bellevue Med. Coll., '83..... | Derby |
| Baldwin, W. P., B.A., Yale, '88 | Yale, '90, N. Y. Homeo., '91..... | New Haven |

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| Banks, D. T. | Fordham, '12..... | Bridgeport |
| Barber, A. E. | Berkshire, '54..... | Bethel |
| Barber, W. L. | Bellevue, '73..... | Waterbury |
| Barber, W. L., Jr., B.A., Yale, '03 | N. Y. Univ. & Bellevue, '07..... | Waterbury |
| Baribault, A. O. | Vict. Med. Coll., '89..... | New Haven |
| Barker, A. J. | Bellevue, '97..... | Torrington |
| Barnes, F. H. | N. Y. Homeo. Med., '96..... | Stamford |
| Barnes, G. | Univ. N. Y., '04..... | Killingly |
| Barnes, W. S., Ph.B., Yale, '95 | Yale, '97..... | New Haven |
| Barnett, J. F. | Yale, '69..... | West Haven |
| Barnum, C. G., B.A., Middlebury Coll., '05; M.A., Middlebury Coll., '07 | Yale, '11..... | Groton |
| Barrett, W. J. | Md. Med., '04..... | New Haven |
| Barrows, B. S., Ph.B., '83 | Univ. N. Y., '87..... | Hartford |
| Bartlett, C. J., B.A., Yale, '92; M.A., Yale, '94 | Yale, '95..... | New Haven |
| Bassett, C. W. | Univ. N. Y., '82..... | Sharon |
| Beach, C. C., Ph.B., Yale, '77 | P. & S., N. Y., '82..... | Hartford |
| Beach, C. T. | Yale, '05..... | Hartford |
| Bean, W. B. | P. & S., N. Y., '95..... | Rockville |
| Bean, W. H., Ph.B., Yale, '88 | Yale, '03..... | New Haven |
| Beaudry, J. H. | McGill, '13..... | Bridgeport |
| Beck, F. G. | Yale, '03..... | New Haven |
| Beckwith, H. W. | Dartmouth Med. Coll., '07..... | Seymour |
| Bell, G. N. | Yale, '92..... | Hartford |
| Benedict, F. A. | P. & S., N. Y., '87..... | Seymour |
| Benedict, J. M. | Univ. N. Y., '82..... | Woodbury |
| Bercinsky, D. | Yale, '02..... | New Haven |
| Bergman, A., B.S., Stockholm, '89 | City of N. Y., '95..... | New Haven |
| Bernstein, A. | Yale, '08..... | Bridgeport |
| Bevan, C. A. | Med. Chir., Phila., '87..... | West Haven |
| Bevans, T. F. | Univ. Minn., '03..... | Waterbury |
| Bickford, H. | Penn. Eclectic Med., '68..... | Hartford |
| Bill, P. W., Ph.B., Yale, '97 | P. & S., N. Y., '01..... | Bridgeport |
| Biram, J. H. | Cornell, '10..... | Hartford |
| Birdsong, J. L., B.S., Nashville, '99 | Johns Hopkins, '09..... | Hartford |
| Bishop, F. C., B.A., Yale, '92 | Yale, '95..... | New Haven |
| Bishop, L. B., B.A., Yale, '86 | Yale, '88..... | New Haven |
| Bissell, W., B.A., Yale, '53 | Yale, '56..... | Lakeville |
| Bissell, W. B., B.A., Yale, '88 | P. & S., N. Y., '92..... | Lakeville |
| Black, J. E., Ph.B., Yale, '03 | Yale, '08..... | Shelton |
| Black, J. T. | Hahn. Med. Coll., '94..... | New London |
| Black, R. E. | P. & S., N. Y., '05..... | New London |
| Blackmar, J. S. | P. & S., N. Y., '98..... | Norwich |
| Blair, E. H. | P. & S., Balt., '06..... | Hartford |
| Blake, E. M. | Yale, '06..... | New Haven |
| Blank, E. F. | Starling, '97..... | Bridgeport |
| Blodget, H., B.A., Yale, '75 | Bellevue, '81..... | Bridgeport |
| Blumer, G., M.A., Yale, '07 | Cooper Med. Coll., '91..... | New Haven |
| Boardman, A. K. | Univ. Penn., '99..... | New Haven |
| Bodley, G. H. | Yale, '07..... | New Britain |
| Bonner, R. A. | Univ. Md., '12..... | Waterbury |
| Bonoff, Z. A. | Yale, '04..... | New Haven |
| Borden, C. H. | P. & S., N. Y., '96..... | Hartford |
| Bostwick, B. E. | L. I. Hosp. Coll., '90..... | New Milford |

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| Botsford, C. P. | Yale, '94..... | Hartford |
| Boucher, J. B. | P. & S., Balt., '94..... | Hartford |
| Boucher, T. J. | P. & S., Balt., '04..... | Hartford |
| Bowers, W. C. | P. & S., N. Y., '77..... | Bridgeport |
| Boyle, R. J. | Yale, '08..... | Hartford |
| Brackett, A. S., B.A., Yale, '92 | Jefferson, '95..... | Bristol |
| Bradeen, F. B. | Univ. Penn., '99..... | Essex |
| Bradley, M. S. | P. & S., N. Y., '92..... | Hartford |
| Bradley, T. R. | Univ. Md., '14..... | South Norwalk |
| Bradstreet, E. T., B.A., Yale, '74 | P. & S., N. Y., '77..... | Meriden |
| Brainard, C. B., Ph.B., Yale, '94 | Yale, '98..... | Hartford |
| Branon, A. W. | Jefferson, '13..... | Hartford |
| Bray, H. T. | Univ. Vt., '02..... | New Britain |
| Brayton, H. W., Ph.B., Brown, '06 | Harvard, '11..... | Hartford |
| Brennan, P. J. | Yale, '07..... | Waterbury |
| Bridge, J. L., B.S., Wesleyan, '88; , Ph.D., Clark, '94 | Harvard, '03..... | Address unknown |
| Brodsky, E. S. | Univ. Zurich, Switzerland, '08.... | Westport |
| Bronson, W. T. | Univ. N. Y., '98..... | Danbury |
| Brooks, F. T., B.A., Yale, '90 | L. I. Hosp. Coll., '93..... | Greenwich |
| Brooks, M. J. | Yale, '67..... | New Canaan |
| Brophy, E. J. | Yale, '04..... | Norwich |
| Brown, C. H. | Univ. N. Y., '93..... | Waterbury |
| Brown, D. C. | Yale, '84..... | Danbury |
| Brown, H. M. | Jefferson, '13..... | Suffield |
| Brown, K. O. | Univ. Kansas, '02..... | New Haven |
| Brown, L. R., B.A., Tufts, '00 | Tufts, '07..... | Trenton, N. J. |
| Browne, W. T., Ph.B., Yale, '78 | Harvard, '82..... | Norwich |
| Brownlee, H. F. | P. & S., N. Y., '88..... | Danbury |
| Bryon, B. A. | Bellevue, '90..... | Ridgefield |
| Buel, J. L. | P. & S., N. Y., '88..... | Litchfield |
| Buffum, J. H., Ph.B., Univ. Vt., '96 | Univ. Vt., '98..... | Wallingford |
| Bulkley, L. D., B.A., Yale, '66; M.A. | P. & S., N. Y., '69..... | New York City |
| Bull, J. N. | P. & S., N. Y., '78..... | Plainville |
| Bull, T. M. | P. & S., N. Y., '87..... | Naugatuck |
| Bullard, M. J., B.A., Cornell, '02 | Cornell, '04..... | Putnam |
| Bunce, P. D., B.A., Yale, '88 | P. & S., N. Y., '91..... | Hartford |
| Burke, W. | L. I. Hosp. Coll., '96..... | Greenwich |
| Burke, W. P. J. | Yale, '90..... | New Haven |
| Burlingame, C. C. | Hahn., Chic., '08..... | South Manchester |
| Burnell, F. E. | L. I. Hosp. Coll., '94..... | South Norwalk |
| Burnham, J. L., B.A., Yale, '96 | Yale, '99..... | Portland |
| Burr, N. A. | Yale, '01..... | South Manchester |
| Burroughs, G. McC. | Balt. Med. Coll., '00..... | Danielson |
| Bush, C. E. | Yale, '94..... | Cromwell |
| Butler, W. E. | Hahnemann, Phila., '97..... | New Haven |
| Butler, W. J. | L. I. Hosp. Coll., '95..... | New Haven |
| Byrne, D. J. | Yale, '09..... | Waterbury |
| Caldwell, W. E. | Balt. Med. Coll., '95..... | West Suffield |
| Calef, J. F., B.A., Wesleyan, '77 | Yale, '80..... | Middletown |
| Callahan, J. W. | P. & S., Balt., '11..... | Norwich |
| Callender, E. F. | Yale, '12..... | Waterbury |
| Calvin, C. V. | Harvard, '16..... | Bridgeport |
| Camp, C. W. | Univ. N. Y., '74..... | Canaan |

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| Campbell, A. J. | P. & S., Balt., '85..... | Middletown |
| Campbell, H. B. | Univ. Penn., '09..... | Norwich |
| Campbell, S. S. | Univ. Vt., '02..... | Middletown |
| Cantarow, D. | Tufts, '11..... | Hartford |
| Carelli, G. F. | Yale, '11..... | New Haven |
| Carlin, C. H. | Univ. Mich., '96..... | Torrington |
| Carmalt, W. H., M.A. (Hon.), Yale, '81 ... | P. & S., N. Y., '61..... | New Haven |
| Carroll, C. H. | Yale, '12..... | New Haven |
| Carroll, I. F. | Balt. Med., '06..... | Stamford |
| Carroll, J. J. | Dartmouth, '97..... | Naugatuck |
| Carter, E. B., Ph.B., Yale, '07 | Johns Hopkins, '11..... | Hartford |
| Carver, J. P. | Alhany, '96..... | Simshury |
| Casey, W. B. | Univ. Med., '06..... | Norwich |
| Cassidy, L. T., Georgetown, '04 | Georgetown, '08..... | Norwich |
| Cassidy, P. | Univ. Vt., '65..... | Norwich |
| Castle, F. E. | Yale, '70..... | Waterbury |
| Chaffee, J. S., Ph.B., Yale, '94 | Univ. Penn., '97..... | Sharon |
| Chapin, H. B. | Georgetown, '08..... | Torrington |
| Chase, A. A. | Harvard, '01..... | Moosup |
| Chedel, C. B., B.A., Dartmouth, '03 | Dartmouth, '06..... | Portland |
| Cheney, B. A., B.A., Yale, '88 | Yale, '90..... | New Haven |
| Cheney, G. P. | Md. Med. School, '13..... | New London |
| Chester, T. W., B.A., Rutgers, '92; M.A., '95 | P. & S., N. Y., '95..... | Hartford |
| Chillingworth, F. P. | Yale, '07..... | New Orleans, La. |
| Chipman, E. C., A.B., Alfred Univ., '87 .. | P. & S., N. Y., '01..... | New London |
| Churchman, J. W., B.A., Princeton, '98; M.A., Princeton, '01; M.A. (Hon.), Yale, '15 | Johns Hopkins, '02..... | New Haven |
| Claffey, M. F. | Univ. Vt., '14..... | Naugatuck |
| Clark, R. M. | Univ. Penn., '91..... | New Britain |
| Clarke, H. M. | Univ. Toronto, '09..... | Bridgeport |
| Clarke, J. A. | Bellevue, '97..... | Greenwich |
| Clarke, R. DeB., B.A., Univ. N. Y., '04 .. | Johns Hopkins, '08..... | West Haven |
| Clifton, H. C. | Univ. Penn., '01..... | Hartford |
| Cloonan, J. J. | P. & S., Balt., '07..... | Stamford |
| Cobb, A. E. | Yale, '98 | Falls Village |
| Coburn, J. M. | Boston Univ., '74..... | Norwalk |
| Cochran, L. B. | Univ. Penn., '93..... | Hartford |
| Cogswell, E. S. | Harvard, '12..... | Hartford |
| Cogswell, W. B. | Bellevue, '81..... | Stratford |
| Cohane, J. J. | Yale, '98..... | New Haven |
| Cohane, T. F. | Yale, '97..... | New Haven |
| Cohen, J., B.A., Coll. City of N. Y., '94 .. | N. Y. Med. Coll., '09..... | Bridgeport |
| Coleburn, A. B. | P. & S., N. Y., '90..... | Norwalk |
| Collins, W. F. | Yale, '04..... | New Haven |
| Comfort, C. W., Jr., B.A., Yale, '07 | Yale, '11..... | New Haven |
| Comstock, F. W. | Tufts Med., '13..... | New Haven |
| Conklin, J. H. | Univ. Vt., '99..... | Hartford |
| Conte, H. A. | L. I. Hosp. Coll., '12..... | New Haven |
| Converse, G. F. | Yale, '87..... | New Haven |
| Coogan, J. A. | Bellevue, '76..... | Windsor Locks |
| Cook, A. G. | P. & S., N. Y., '87..... | Hartford |
| Cooke, J. A. | Yale, '97..... | Meriden |
| Cooley, C. M. | Yale, '08..... | New Britain |

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|---|---------------------------------|------------------|
| Cooley, M. L. | Buffalo Univ., '86..... | Waterbury |
| Cooney, W. J. | Yale, '12..... | New Haven |
| Cooper, L. E., Ph.B., Yale, '84 | Yale, '86..... | Ansonia |
| Coops, F. H., B.A., Dalhousie, '88 | P. & S., Balt., '96..... | Bridgeport |
| Costanzo, J. J. | Univ. Ill..... | Stamford |
| Costello, H. N., B.A., Yale, '06 | Johns Hopkins, '10..... | Hartford |
| Cowan, I. | Wom. Med. Coll., N. Y., '92.... | Waterbury |
| Cowell, G. B. | P. & S., N. Y., '88..... | Bridgeport |
| Cox, R. B. | McGill, '02..... | Collinsville |
| Coyle, A. E. | Women's Med., '12..... | Windsor Locks |
| Coyle, W. J. | Buffalo Univ., '85..... | Windsor Locks |
| Craig, C. F. | Yale, '94..... | Danbury |
| Cram, G. E., Ph.B., Yale, '97 | P. & S., N. Y., '01..... | Norwalk |
| Crane, A. A., B.A., Yale, '85 | Yale, '87..... | Waterbury |
| Crane, R. W. | Yale, '05..... | Stamford |
| Crary, D. | Yale, '69..... | Hartford |
| Cronin, W. D. | P. & S., N. Y., '00..... | New London |
| Crossfield, F. S. | Bellevue, '78..... | Hartford |
| Crowe, W. H. | P. & S., N. Y., '95..... | New Haven |
| Crowley, W. H. | Buffalo, '08..... | Hartford |
| Curley, W. H. | Cornell, '08..... | Bridgeport |
| Curran, P. J. | P. & S., N. Y., '01..... | Bridgeport |
| Curtis, R. A. | Univ. N. Y., '93..... | Stratford |
| D'Agostino, F. | Univ. Naples, '05..... | New Haven |
| Daly, C. W. | P. & S., Balt., '10..... | Hartford |
| Dart, F. H. | P. & S., N. Y., '84..... | Niantic |
| Davis, C. C. | Yale, '07..... | Essex |
| Davis, E. W., B.A., Yale, '80 | Yale, '92..... | Seymour |
| Davis, G. A. | Jefferson, '03..... | Address unknown |
| Dawson, J. W. | Toledo, '94..... | Stafford Springs |
| Day, F. L., B.A., Bates, '90 | Bellevue, '93..... | Bridgeport |
| Deane, H. A. | Dartmouth, '68..... | Broad Brook |
| DeBonis, D. A., B.A., Victor Immanuel College, Naples, '84 | Univ. Naples, '90..... | Hartford |
| DeForest, L. S., B.A., Yale, '79; M.A., Yale, '91 | Univ. Jena, '85..... | New Haven |
| DeLuise, I. | Naples Univ., '03..... | Waterbury |
| Deming, C. D., B.A., Yale, '07 | Johns Hopkins, '10..... | Hartford |
| Deming, E. A., Ph.B., Yale, '04 | Johns Hopkins, '08..... | Hartford |
| Deming, N. L. | P. & S., N. Y., '93..... | Litchfield |
| Deming, W. C. | P. & S., N. Y., '84..... | Georgetown |
| Denne, T. H. | Univ. Vt., '05..... | West Hartford |
| Dennis, F. S., B.A., Yale, '72 | Bellevue, '74..... | Norfolk |
| Devitt, E. K. | Univ. Med. Coll., '07..... | Lyme |
| DeWolfe, D. C. | Univ. Vt., '86..... | Bridgeport |
| Dichter, C. L. | Md. Med. Coll., '05..... | Stamford |
| Dickerman, W. E., B.A., Amherst, '90 | Yale, '93..... | Hartford |
| Dickinson, F. McL., Ph.B., Yale, '00 | P. & S., N. Y., '05..... | Rockville |
| Diefendorf, A. R., B.A., Yale, '94 | Yale, '96..... | New Haven |
| Dillon, J. H. | Yale, '04..... | Waterbury |
| Dinnan, J. B. | Yale, '04..... | Meriden |
| Donahue, James J. | P. & S., Balt., '96..... | Norwich |
| Donahue, J. D. | Balt. Med., '09..... | Norwich |
| Donahue, John J. | Balt. Med., '09..... | Norwich |

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| Donaldson, W. H. | Univ. N. Y., '81..... | Fairfield |
| Douglass, E. P. | Univ. N. Y., '89..... | Groton |
| Douglass, E. L. | L. I. Coll. Hosp., '16..... | Groton |
| Dowd, M. J. | Balt. Med. Coll., '01..... | Thompsonville |
| Dowling, J. F. | L. I. Hosp. Coll., '90..... | Hartford |
| Down, E. A. | P. & S., N. Y., '87..... | Hartford |
| Downing, F. | Balt. Med. Coll., '08..... | Moosup |
| Driscoll, W. T. | P. & S., Balt., '12..... | Norwich |
| Dryfus, M. L. | Yale, '12..... | New Haven |
| Duesing, H. | Univ. Wurtzburg, '92..... | Bridgeport |
| Dunham, M. Van B. | Harvard, '67..... | Greenfield Hill |
| Dunn, F. M. | Balt. Med. Coll., '08..... | New London |
| Dunn, G. W. | Balt. Med. Coll., '09..... | New Britain |
| Dupee, E. W. | Univ. Md., '00..... | Bridgeport |
| Dwyer, P. J., B.A., Fordham, '04 | Univ. N. Y., '97..... | Waterbury |
| Dwyer, R. J. | Jefferson, '08..... | Hartford |
| Dwyer, W., B.S., Trinity, '09 | Johns Hopkins, '13..... | Hartford |
| Dye, J. S., B.A., Vanderhilt, '00 | P. & S., N. Y., '15..... | Waterbury |
| Eddy, G. W. | Univ. Vt., '04..... | Hartford |
| Egan, J. J. | Univ. Md., '12..... | Waterbury |
| Egbert, J. H., B.A., M.A., Univ. Chicago. P. & S., N. Y., '97..... | | Willimantic |
| Eggleston, J. D. | P. & S., N. Y., '79..... | Meriden |
| Elcock, H. A. | Yale, '11..... | New Britain |
| Eliot, G., B.A., Yale, '77; Yale, M.A., '82. P. & S., N. Y., '80..... | | New Haven |
| Elliott, C. H. | B.Sc. Buckland, '02, M.Sc. Buckland, '04, Med. Chi., '05..... | Hartford |
| Ellis, T. L., B.A., Yale, '94 | Yale, '96..... | Bridgeport |
| Elmer, E. O. | P. & S., Balt., '94..... | Hartford |
| Emmett, F. A. | Yale, '02..... | Hartford |
| Enders, T. B., B.A., Yale, '88 | P. & S., N. Y., '91..... | Hartford |
| Engelke, C. | P. & S., N. Y., '02..... | Waterbury |
| English, C. F., B.S., St. Louis, '12 | St. Louis, '12..... | New Hartford |
| English, R. M. | Yale, '98..... | Danhury |
| Esposito, J. V. | Jefferson, '12..... | New Haven |
| Farrell, J. E. | Univ. N. Y., '03..... | Waterbury |
| Fauver, E. | P. & S., Columbia, '09..... | Middletown |
| Fay, W. J., B.A., '10..... | Harvard, '14..... | Hartford |
| Felty, J. W., M.A., Emporia, Kan., '97 ... | Jefferson, '84..... | Hartford |
| Fenn, A. H. | P. & S., Balt., '86..... | Meriden |
| Ferguson, R. J. | Hahn, Phila., '89..... | New Haven |
| Ferrin, C. F., B.A., Univ. Vt., '91 | P. & S., N. Y., '95..... | New London |
| Ferris, H. B., B.A., Yale, '87 | Yale, '90..... | New Haven |
| Field, A. | L. I. Hosp. Coll., '67..... | East Hampton |
| Finch, G. T., B.A., Hohart, '75; M.A., Hohart, '78 | | Thompsonville |
| Finch, S. E. | Cornell, '04..... | Sound Beach |
| Finklestone, B. B. | P. & S., Balt., '10..... | Bridgeport |
| Finn, E. J. | Yale, '10..... | Shelton |
| Finnegan, J. H. | Md. Med. Coll., '12..... | Bridgeport |
| Fischer, A. | N. Y. Univ. & Bell. Hosp., '09.... | Hartford |
| Fischer, W. J. H. | Yale, '11..... | Milford |
| Fisher, J. W. | Wom. Med. Coll., Pa., '93.... | Middletown |
| Fisher, W. E. | Univ. Penn., '76..... | Portland |
| Fiske, I. P. | Univ. N. Y., '75..... | Rockville |

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| Fitch, F. T. | Yale, '04..... | East Hampton |
| Fitzgerald, E. | P. & S., Balt., '84..... | Bridgeport |
| Fitzgerald, W. H. | Univ. Vt., '95..... | Hartford |
| Flaherty, C. V. | Yale, '10..... | Hartford |
| Flaherty, J. E. | Georgetown, '08..... | Rockville |
| Fleck, H. W. | Jefferson, '96..... | Bridgeport |
| Flint, J. M., B.S., Univ. of Chicago, '95; Princeton, '00; M.A., Yale, '07 | Johns Hopkins, '00..... | New Haven |
| Flynn, C. T. | Yale, '11..... | New Haven |
| Flynn, D. A. | Yale, '05..... | New Haven |
| Flynn, J. F. | P. & S., Balt., '12..... | Bridgeport |
| Flynn, J. H. J. | Yale, '95..... | New Haven |
| Fontaine, A. | Laval Univ., '92..... | Plainfield |
| Foote, C. J., B.A., Yale, '83; M.A., Yale, '90 | Harvard, '87..... | New Haven |
| Ford, A. P. | Wom. Med. Coll., Pa., '04..... | New Haven |
| Ford, G. S. | Bellevue, '93..... | Bridgeport |
| Formichelli, G. | Univ. Italy, '98..... | Bridgeport |
| Foster, D., M.A., Univ. Kan. | Yale, '99..... | Stamford |
| Foster, W. W. | Harvard, '82, Bureau of Pensions, Washington, D. C. | |
| Fox, D. A. | N. Y. Univ. & Bell. Hosp., '02..... | Clinton |
| Fox, E. G. | Univ. N. Y., '83..... | Wethersfield |
| Fox, M. E. | L. I. Hosp. Coll., '03..... | Uncasville |
| Freeman, A. C. | Univ. Vt., '13..... | Norwich |
| French, H. T. | P. & S., N. Y., '91..... | Deep River |
| Fromen, E. T. | Milwaukee Med. Coll., '97..... | New Britain |
| Frost, C. W. S. | P. & S., N. Y., '80..... | Waterbury |
| Gade, C. J. | Yale, '10..... | Bridgeport |
| Gailey, J. J. | Bowdoin, '98..... | Waterbury |
| Gallivan, T. H. | Yale, '09..... | Hartford |
| Gancher, J. | L. I. Coll. Hosp., '06..... | Waterbury |
| Gandy, R. R. | Univ. Penn., '99..... | Stamford |
| Ganey, J. M. | P. & S., N. Y., '04..... | New London |
| Gardner, C. W. | Univ. Md., '01..... | Bridgeport |
| Gardner, J. L. | Univ. Vt., '81..... | Central Village |
| Garlick, G. B. | Yale, '12..... | Bridgeport |
| Garlick, S. M., B.A., Dart., '74 | Harvard, '77..... | Bridgeport |
| Gates, A. B. | L. I. Coll. Hosp., '12..... | Greenwich |
| Gaylord, C. W., B.A., Yale, '11 | Yale, '15..... | Branford |
| Gessner, F. E. | Yale, '12..... | care Surg. Gen., U. S. Army |
| Gihhs, J. A. | P. & S., Chicago, '02..... | Suffield |
| Gibson, E. T., B.A., Univ. Kansas, '08.... | Univ. Kansas, '12..... | Middletown |
| Gilday, J. L. | Med. Coll. Cin., '13..... | Bridgeport |
| Gildersleeve, C. C. | Yale, '96..... | Norwich |
| Gill, M. H. | Yale, '96..... | Hartford |
| Gillin, C. A. | Univ. N. Y., '83..... | New Britain |
| Gilmore, J. L. | Yale, '04..... | West Haven |
| Girard, C. H. | Victoria, '96..... | Willimantic |
| Girouard, J. A. | Balt. Med. Coll., '99..... | Willimantic |
| Gladwin, E. H. | Wom. Med. Coll., N. Y., '72..... | Hartford |
| Godfrey, C. C., Ph.B., Yale, '77 | Dartmouth, '84..... | Bridgeport |
| Godfrey, W. T. | Cornell, '07..... | Stamford |
| Gold, J. D., Ph.B., Yale, '88 | P. & S., N. Y., '91..... | Bridgeport |
| Goldberg, S. J. | Yale, '07..... | New Haven |

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| Goldman, G. | Yale, '10..... | New Haven |
| Gompertz, L. M. | Yale, '96..... | New Haven |
| Good, W. M. | Yale, '09..... | Waterbury |
| Goodenough, E. W., B.A., Yale, '87 | Yale, '93..... | Waterbury |
| Goodrich, C. A., B.S., Mass. Agr. Coll., '93 | P. & S., N. Y., '96..... | Hartford |
| Goodrich, W. A. | Med. Chi., Phila., '02..... | Waterbury |
| Goodwin, R. S., Ph.B., Yale, '90 | P. & S., N. Y., '93..... | Thomaston |
| Goodyear, R. B. | Yale, '68..... | North Haven |
| Gordon, W. F. | L. I. Hosp. Coll., '96..... | Danbury |
| Gorham, F. | Yale, '76..... | Lyons Plains |
| Grannis, I. | Yale, '96..... | Old Saybrook |
| Graves, C. B., B.A., Yale, '82 | Harvard, '86..... | New London |
| Graves, F. G. | Yale, '92..... | Waterbury |
| Gray, W. H. | P. & S., N. Y., '89..... | Mystic |
| Green, J. H. | N. Y. Univ. & Bell. Hosp., '13.. | Waterbury |
| Greenstein, M. J. | Univ. South, '06..... | Bridgeport |
| Gregory, J. G., B.A., Yale, '65 | P. & S., N. Y., '68..... | Norwalk |
| Griffen, D. P. | Jefferson, '14..... | Bridgeport |
| Griggs, J. B. | Yale, '97..... | Hartford |
| Griswold, A. H., B.A., Harvard, '02 | Johns Hopkins, '06..... | Hartford |
| Griswold, F. P. | P. & S., N. Y., '76..... | Meriden |
| Griswold, J. E. | Univ. N. Y., '79..... | Rocky Hill |
| Griswold, M. H. | Univ. Vt., '13..... | Kensington |
| Griswold, R. M. | Univ. N. Y., '75..... | Kensington |
| Griswold, W. L., Ph.B., Yale, '81 | P. & S., N. Y., '85..... | Greenwich |
| Grodzinsky, H. W. | Yale, '17..... | New Haven |
| Guild, F. E. | L. I. Hosp. Coll., '85..... | Windham |
| Hackett, J. F., B.A., Yale, '03 | McGill, '06..... | Mansfield Depot |
| Hale, F., B.S., Amherst, '05 | P. & S., N. Y., '09..... | Bridgeport |
| Hall, E. D. | Harvard, '73..... | Meriden |
| Hall, J. B. | Yale, '92..... | Hartford |
| Hallock, F. K., B.A., Wesleyan, '82; M.A., Wesleyan, '85 | P. & S., N. Y., '85..... | Cromwell |
| Hamant, I. L. | L. I. Hosp. Coll., '90..... | Norfolk |
| Hamilton, C. A. | Univ. Vt., '86..... | Waterbury |
| Hammond, S. M. | Yale, '96..... | Hartford |
| Hanchett, H. B. | Jefferson, '05..... | Torrington |
| Hanley, J. P. | Cornell, '06..... | Stafford Springs |
| Harrington, A. T., B.A., Yale, '97..... | Harvard, '10..... | Hartford |
| Harrington, J. L. | Jefferson, '03..... | New London |
| Harrison, J. F. | Jefferson, '03..... | Stamford |
| Hart, B. I., B.A., N. Y. Univ., '00 | P. & S., N. Y., '04..... | Bridgeport |
| Harten, J. A. | Balt. Med., '10..... | New Haven |
| Hartnett, J. D. | Balt. Med., '11..... | Winsted |
| Hartshorn, W. E., Ph.B., Colo. Coll., '95 .. | Univ. Minn., '98..... | New Haven |
| Harvey, E. R. | Balt. Med., '02..... | Seymour |
| Hatheway, C. M. | Bellevue, '03..... | Hartford |
| Havey, L. A. | Univ. Vt., '10..... | Southington |
| Haviland, C. F. | Univ. Syracuse, '96..... | Middletown |
| Hawkes, W. W., B.A., Yale, '79 | Yale, '81..... | New Haven |
| Hawley, G. W., Ph.B., Yale, '96 | Cornell, '99..... | Bridgeport |
| Hayes, J. F. | Univ. N. Y., '79..... | Waterbury |
| Haylett, H. B. | Univ. Vt., '07..... | Hartford |

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| Hazen, R., B.A., Univ. Vt., '96 | Univ. Vt., '98 | Thomaston |
| Heady, C. K. | Jefferson, '13 | Milford |
| Healey, T. F. | L. I. Med. Coll., '08 | Waterbury |
| Healy, T. F. | Niagara, '93 | Bridgeport |
| Henderson, A. C., B.S., Amherst, '99 | P. & S., N. Y., '03 | Stamford |
| Hendricks, A. L. | Yale, '07 | New Haven |
| Hendrie, W. E. | Albany, '89 | Willimantic |
| Henkle, E. A. | Cornell, '99 | New London |
| Henze, C. W. | Yale, '00 | New Haven |
| Hepburn, T. N., B.A., Randolph Macon Coll., Va., '00; M.A., '01 | Johns Hopkins, '05 | Hartford |
| Herbert, A. C. | Univ. Va., '03 | New Haven |
| Herr, E. A., B.A., Dartmouth, '06 | Univ. Vt., '09 | Waterbury |
| Hershman, A. A. | Yale, '08 | New Haven |
| Hertzberg, G. R. | Dartmouth, '99 | Stamford |
| Hessler, H. P. | Yale, '03 | New Haven |
| Heublein, A. C. | P. & S., N. Y., '02 | Hartford |
| Hewitt, A. F. | Univ. Syracuse, '14 | Stamford |
| Heyer, H. H. | Univ. N. Y., '87 | New London |
| Hibbard, N. | Harvard, '82 | Danielson |
| Higgins, G. S. | Yale, '01 | North Haven |
| Higgins, H. E. | Univ. N. Y., '96 | Norwich |
| Higgins, W. L. | Univ. N. Y., '90 | South Coventry |
| Hill, C. E., B.A., Yale, '76 | Harvard, '79 | East Killingly |
| Hill, W. M. | Univ. Va., '97 | Noank |
| Hills, L. H. | Wom. Med. Coll., '96 | Willimantic |
| Hippolitus, P. D. | Yale, '12 | Bridgeport |
| Hirata, I. | Yale, '12 | New Haven |
| Hitchcock, W., Ph.B., Yale, '80 | P. & S., N. Y., '83 | Norwalk |
| Hodgson, T. C., M.B., Toronto, '94 | Trinity Med. Coll., '94 | East Berlin |
| Hoegen, J. A. | Homeo. Med. Coll., N. Y., '15 | Bronx, N. Y. |
| Hoffmann, W. E. | Hahn., Chi., '05 | Torrington |
| Hogan, W. J. | Yale, '98 | Torrington |
| Holbrook, C. W., M.A., Amherst, '93 | Yale, '96 | East Haven |
| Holmes, LeV. | Boston Univ. Homeo. Sc. of Med., '04 | So. Manchester |
| Honeij, J. A. | Tufts, '07 | New Haven |
| Horn, M. I., Med. Coll. N. Y., '12 | N. Y. Homeo. Med. Coll., '13 | Bridgeport |
| Horton, W. W. | Univ. N. Y., '79 | Bristol |
| Horwitz, M. T. | Md. Med. Coll., '13 | Bridgeport |
| House, A. L. | Yale, '95 | Stamford |
| Howard, A. W. | Univ. N. Y., '90 | Wethersfield |
| Howd, S. J. | Jefferson, '83 | Winsted |
| Howe, H. H. | Univ. Vt., '80 | Yantic |
| Howland, DeR. | P. & S., N. Y., '06 | Stratford |
| Howland, E. J. | Univ. Vt., '11 | Colchester |
| Hoyt, H. E., B.A., Univ. Kansas | Albany, '94 | Noroton |
| Hulbert, W. S. | Univ. N. Y., '80 | Winsted |
| Huntington, S. H. | Yale, '76 | Norwalk |
| Hurd, A. L., B.S., Me., '82 | Univ. Vt., '91 | Somers |
| Hutchinson, J. E., B.A., Ohio State Univ., '09 | Johns Hopkins, '05 | Hartford |
| Hyde, C. E. | Yale, '10 | Bridgeport |
| Hyde, F. C. | Univ. Mich., '00 | Greenwich |
| Hyde, H. B. | Univ. Mich., '00 | Greenwich |
| Hynes, F. H. | Tufts, '13 | New Haven |
| Hynes, T. V. | Yale, '00 | New Haven |

Ingalls, P. H., B.A., Bowdoin, '77;

M.A., Bowdoin, '85 P. & S., N. Y., '80.....Hartford
 Irving, S. W.Yale, '91.....New Britain
 Irwin, V. J., Jr.Yale, '10.....Granby
 Ives, E. B.Yale, '03.....Bridgeport
 Ives, J. W.Yale, '00.....Milford

Jackowitz, G.Boston Univ. Med. Coll., '07...New Haven
 James, G. R.Yale, '10.....New Haven
 Jarvis, H. G., B.A., Yale, '06Johns Hopkins, '10.....Hartford
 Jenkins, C. A.Balt. Med. Coll., '11.....Willimantic
 Jennings, G. H.L. I. Hosp. Coll., '75.....Jewett City
 Jones, C. E., Jr.Bellevue, '09.....Hartford
 Johnson, E. H.Univ. Vt., '88.....Naugatuck
 Johnson, E. H.Univ. Md., '00.....Waterbury
 Johnson, E. M.Yale, '14.....New Haven
 Johnson, J. M.L. I. Hosp. Coll., '95.....Bridgeport
 Joslin, G. H.Univ. Vt., '87.....Mt. Carmel
 Judson, W. H.Jefferson, '78.....Danielson

Kane, J. H.Md. Med. Coll., '04.....Thomaston
 Kane, T. F.Bellevue, '87.....Hartford
 Keating, H. F.Yale, '08.....New Haven
 Keating, W. P. S.Jefferson, '99.....Willimantic
 Keeler, C. B.Hahn., Chicago, '88.....New Canaan
 Keith, A. R., B.A., Colby, '97Harvard, '03.....Hartford
 Kellogg, H. K. W., B.S., Amherst, '89P. & S., N. Y., '03.....Norwalk
 Kelsey, E. R.Univ. Md., '01.....Winsted
 Kendall, J. C., B.A., Yale, '70P. & S., N. Y., '75.....Norfolk
 Keniston, J. M.Harvard, '71.....Portland, Me.
 Kennedy, P. B.Bellevue, N. Y., '95.....Derby
 Kennedy, P. T., B.A., Trinity, '05Harvard, '09.....Hartford
 Kennedy, W. C.Georgetown, '10.....Torrington
 Kent, J. B.Harvard, '60.....Putnam
 Kilbourn, C. J.Univ. Vt., '14.....Collinsville
 Kilbourn, C. L.Yale, '97.....New Haven
 Kilbourn, J. A.P. & S., Balt., '97.....Hartford
 Kilmartin, T. J.Univ. N. Y., '95.....Waterbury
 Kingman, J. H., B.A., Yale, '82P. & S., N. Y., '85.....Middletown
 Kingsbury, C. H.Univ. Vt., '99.....Danielson
 Kingsbury, I. W., B.A., Harvard, '96P. & S., N. Y., '03.....Hartford
 Kinsella, G. J.Tufts, '12.....New Britain
 Kinsella, M. A.Tufts, '12.....New Britain
 Kirby, F. A.Columbian Univ., Wash., D. C., '95..New Haven
 Kirschbaum, E. H.Yale, '12.....Waterbury
 Kleiner, I.Yale, '08.....New Haven
 Kleiner, S. B., Ph.B., Yale, '11Yale, '15.....New Haven
 Knapp, C. W.P. & S., N. Y., '12.....Greenwich
 Knight, W. W.Univ. N. Y., '76.....Hartford
 Knowlton, D. J., B.A., HarvardHarvard, '12.....Greenwich
 Kowalewski, V. A., B.A., Yale, '99Yale, '02.....West Haven

La Field, W. A.N. Y. Homeo., '05.....Bridgeport
 Lambert, H. B.Jefferson, '09Bridgeport
 Lampson, E. R., B.A., Trinity, '91P. & S., N. Y., '96.....Hartford

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| Landry, A. B. | Jefferson, '09..... | Hartford |
| Lane, J. E., B.A., Yale, '94; M.A., Yale, '97 | Yale, '03..... | New Haven |
| Lang, W. P. | Hahn., Phila., '01..... | New Haven |
| LaMoure, C. TenE. | Albany, '94..... | Mansfield Depot |
| LaPierre, A. J. | Univ. Vt., '10..... | Norwich |
| LaPierre, L. F. | Yale, '01..... | Norwich |
| La Pointe, J. W. H. | Laval Univ., Montreal, '92..... | Meriden |
| Lawlor, M. J., Holy Cross, '02 | P. & S., N. Y., '06..... | Waterbury |
| Lawson, G. N., B.A., Yale, '90 | Yale, '92..... | Middle Haddam |
| Lawson, S. J. | Univ. Va., '05..... | New London |
| Lawton, F. L., Ph.B., Yale, '90 | Yale, '93..... | Hartford |
| Lawton, R. J. | Md. Med., '08..... | Terryville |
| Lay, W. S. | Yale, '01..... | Hamden |
| Lear, M. | Yale, '11..... | New Haven |
| Lee, F. H. | Albany, '88..... | Canaan |
| Lee, H. M. | Columbia, '98..... | New London |
| Lemmer, G. E. | Bellevue, '85..... | Danbury |
| Leverly, C. J. | N. Y. Univ. & Bell., '01..... | Bridgeport |
| Levy, L. H., Ph.B., Yale, '04; M.S., Yale, '06 | Yale, '11..... | New Haven |
| Levy, W. | Yale, '11..... | West Suffield |
| Lewis, D. M., B.A., Yale, '97 | Johns Hopkins, '01..... | New Haven |
| Lewis, G. F., B.A., Trinity, '77 | Yale, '84..... | Stratford |
| Licht, W. H., B.S., Trinity, '07 | Johns Hopkins, '11..... | Waterbury |
| Linde, J. I. | Yale, '08..... | New Haven |
| Lindsley, C. P., Ph.B., Yale, '75 | Yale, '78..... | New Haven |
| Locke, H. L. F. | Tufts, '12..... | Hartford |
| Lockhart, R. A. | Yale, '91..... | Bridgeport |
| Lockwood, H. DeF. | Yale, '01..... | Meriden |
| Loewe, L. J., M.D.V., Harvard, '98 | Tufts, '01..... | Higganum |
| Loomis, F. N., B.A., Yale, '81 | Yale, '83..... | Derby |
| Lord, S. A. | Harvard, '94..... | Concord, Mass. |
| Loveland, E. K. | Yale, '97..... | Watertown |
| Loveland, J. E., B.A., Wesleyan, '89 | Harvard, '92..... | Middletown |
| Luby, J. F., Ph.B., Yale, '76 | P. & S., N. Y., '78..... | New Haven |
| Ludington, N. A. | Yale, '01..... | New Haven |
| Luther, C. V. | Wom. Med. Coll., Pa., '85.... | Old Saybrook |
| Lyman, D. R. | Univ. Va., '99..... | Wallingford |
| Lynch, E. J. | Univ. Penn., '09..... | Shelton |
| Lynch, J. C. | Univ. N. Y., '86..... | Bridgeport |
| Lynch, J. F. | P. & S., Balt., '13..... | Hartford |
| Lynch, R. J. | Bellevue, '97..... | Bridgeport |
| Lyon, T. W. | Yale, '03..... | New Haven |
| MacDonald, J. J. | Yale, '07..... | Bridgeport |
| MacLean, D. R. | Balt. Med. Coll., '01..... | Stamford |
| Madden, L. I., B.A., Clark, '05..... | Harvard, '10..... | Hartford |
| Maguire, E. O'R. | P. & S., N. Y., '98..... | Derby |
| Maier, J. S., Ph.B., Yale, '92 | Yale, '96..... | New Haven |
| Maier, S. J. | Yale, '87..... | New Haven |
| Mailhouse, M., Ph.B., Yale, '76 | Yale, '78..... | New Haven |
| Maine, T. P. | Med. Chi., '12..... | North Stonington |
| Maitland, D. L. | Univ. Penn., '95..... | Middletown |
| Maloney, D. J. | Univ. N. Y., '96..... | Waterbury |
| Maloney, M. W. | Jeff. Med. Coll., Phila., '97.... | New Britain |

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| Marcy, R. A. | N. Y. Univ. Med. Coll., '82..... | Litchfield |
| Mariani, N. | Univ. Naples, '93..... | New Haven |
| Marsh, A. D. | Yale, '08..... | Hampton |
| Marsh, A. W. | Univ. Vt., '82..... | New Haven |
| Martelle, H. A., B.A., Bowdoin, '01 | Johns Hopkins, '05..... | Hartford |
| Martin, J. S. | Yale, '05..... | Watertown |
| Mason, L. I. | P. & S., N. Y., '91..... | Willimantic |
| May, G. W. | Milwaukee Med. Coll., '95, So. Manchester | |
| Mayberry, F. H. | Univ. Vt., '85..... | East Hartford |
| McCarthy, D. J. | P. & S., Balt., '06..... | Bridgeport |
| McClellan, W. E. | Toronto, '04..... | Hartford |
| McCook, J. B., B.S., Trinity, '90 | P. & S., N. Y., '94..... | Hartford |
| McDermott, T. S. | Yale, '98..... | New Haven |
| McDonald, A. F. | P. & S., N. Y., '05..... | Waterbury |
| McDonnell, R. A., B.A., Yale, '90 | Yale, '92..... | New Haven |
| McElman, H. W. | Boston Univ., '10..... | Meriden |
| McFarland, D. W. | Univ. N. Y., '85..... | Greens Farms |
| McGaughey, J. D. | Jefferson, '10..... | Wallingford |
| McGovern, E. F. | Univ. Balt., '01..... | Bridgeport |
| McGrath, J. H. | Yale, '08..... | Waterbury |
| McGuire, F. J. | Yale, '97..... | New Haven |
| McGuire, W. C. | Yale, '09..... | New Haven |
| McIntosh, E. F. | Yale, '97..... | New Haven |
| McKee, F. L. | P. & S., N. Y., '99..... | Hartford |
| McKendree, C. A., B.A., Dartmouth, '07 .. | Dartmouth, '10..... | New York City |
| McLarney, T. J. | P. & S., Balt., '97..... | Waterbury |
| McLaughlin, J. H. | P. & S., Balt., '09..... | Jewett City |
| McLaury, F. H. | P. & S., N. Y., '95..... | Westport |
| McLinden, J. J. | Univ. Penn., '98..... | Waterbury |
| McNeil, R. | Yale, '62..... | South Salem, N. Y. |
| McPartland, P. F. | Balt. Med. Coll., '05..... | Hartford |
| McPherson, S. H. | Tufts, '13..... | Hartford |
| McQueen, A. S. | Yale, '01..... | Branford |
| McQueeney, A. | Yale, '05..... | Bridgeport |
| Mead, K. C. | Wom. Med. Coll., Pa., '88..... | Middletown |
| Meagher, W. F. | Univ. Vt., '99..... | Hartford |
| Meek, J. A. | McGill Univ., '75..... | South Norwalk |
| Meeks, H. A. | Bellevue, '90..... | Meriden |
| Mendillo, A. J. | Yale, '07..... | New Haven |
| Mercer, C. H. | Md. Med. Coll., '05..... | Ansonia |
| Merrill, W. T., B.A., Dartmouth, '87 | Dartmouth, '90..... | New Haven |
| Miles, H. S., Ph.G., N. Y., '88 | P. & S., N. Y., '91..... | Bridgeport |
| Miller, G. R. | P. & S., Balt., '86..... | Hartford |
| Miller, J. R. | Johns Hopkins, '11..... | Hartford |
| Miller, W. R. | Albany, '98..... | Southington |
| Minor, G. M. | L. I. Hosp. Coll., '85..... | Waterford |
| Mitchell, J. T. | Univ. N. Y., '91..... | Middletown |
| Molumphy, D. J. | Jefferson, '06..... | Hartford |
| Monagan, C. A., B.S., Trinity, '93 | Univ. Penn., '98..... | Waterbury |
| Moody, M. B. | Buffalo, '76..... | Berkeley, Cal. |
| Moore, DeC. Y. | N. Y. Homeo. Med. Sc., '95, So. Manchester | |
| Moore, H. D. | Hahn, Phila., '93..... | Danhury |
| Moore, H. D. | Bellevue, '97..... | Torrington |
| Morgan, W. D., B.A., Trinity, '72 | P. & S., N. Y., '76..... | Hartford |

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| Moriarty, J. L. | Harvard, '96..... | Waterbury |
| Morrell, F. A. | L. I. Hosp. Coll., '85..... | Putnam |
| Morriss, W. H. | Johns Hopkins, '12..... | New Haven |
| Morrissey, M. J. | P. & S., Balt., Med., '97..... | Hartford |
| Morrissey, W. T., B.A., Holy Cross Coll. .. | Baltimore, '09..... | Unionville |
| Morse, A. | Johns Hopkins, '06..... | New Haven |
| Morse, V. H. C. | Harvard, '03..... | Avon |
| Moser, O. A. | Yale, '02..... | Rocky Hill |
| Mountain, J. H. | Jefferson, '96..... | Middletown |
| Mullins, S. F. | Bellevue, '06..... | Danbury |
| Munger, C. E., Ph.B., Yale, '80 | P. & S., N. Y., '83..... | Waterbury |
| Murdock, T. P. | Balt. Med., '10..... | Meriden |
| Murless, H. W. | Louisville Med. Coll., '93..... | Guilford |
| Murphy, J. | Univ. Penn., '95..... | Middletown |
| Murphy, J. A. | N. Y. Univ., '97..... | New Haven |
| Murphy, J. E. | Med. Chi. Phi., '09..... | Hartford |
| Murphy, W. G. | Albany Med. Coll., '90..... | Hartford |
| | | |
| Nadler, A. G., B.A., Yale, '93 | Yale, '96..... | New Haven |
| Naylor, J. H. | Univ. Vt., '95..... | Hartford |
| Neary, L. D. | Georgetown, '13..... | Torrington |
| Nemotin, J. | P. & S., N. Y., '05..... | Stamford |
| Nettleton, F. I., Ph.B., Yale, '94 | Yale, '97..... | Shelton |
| Nettleton, I. LaF. | L. I. Hosp. Coll., '98..... | Bridgeport |
| Neumann, H. A. | L. I. Hosp. Coll., '09..... | Bridgeport |
| Newton, C. B. | Yale, '56..... | Stafford Springs |
| Nichols, R. W., Ph.B., Yale, '08 | Johns Hopkins, '12..... | Montowese |
| Nickerson, N., | N. Y. Med. Coll., '57..... | Meriden |
| Nolan, D. A., Ph.G., Phil., '93 | Med. Chir., Phila., '95..... | Middletown |
| Nolan, J. M. | P. & S., Balt., '94..... | Westport |
| North, J. H. | L. I. Hosp. Coll., '73..... | West Cornwall |
| Notkins, L. A. | Yale, '03..... | New Haven |
| Noxon, G. H. | Balt. Med. Coll., '93..... | Darien |
| Nugent, H. W. | Hahn, Phila., '10..... | New Haven |
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| Ober, G. E. | Univ. Vt., '90..... | Bridgeport |
| O'Brien, F. J. | Fordham, '13..... | Middletown |
| O'Brien, J. F. | Yale, '08..... | New Haven |
| O'Brien, J. F. | Univ. Vt., '13..... | Hartford |
| O'Connell, T. S. | P. & S., Balt., '92..... | East Hartford |
| O'Connor, P. T. | Bellevue, '92..... | Waterbury |
| O'Flaherty, E. P. | Cornell, '01..... | Hartford |
| O'Hara, B. A. | Bellevue, '82..... | Waterbury |
| O'Hara, W. J. A. | P. & S., Balt., '93..... | Bridgeport |
| O'Loughlin, T. F. | Univ. N. Y., '96..... | Rockville |
| O'Neil, O. | Jefferson, '04..... | Willimantic |
| O'Neil, W. H. | Balt. Med. Coll., '11..... | Ansonia |
| Onderdonk, H. J. | Univ. N. Y., '97..... | East Hartford |
| Osborn, G. W., B.A., Yale, '84 | P. & S., N. Y., '87..... | Bridgeport |
| Osborne, O. T., M.A., Yale, '99 | Yale, '84..... | New Haven |
| O'Shaughnessy, E. J. | Bellevue, '99..... | New Canaan |
| Otis, S. D. | Univ. N. Y., '77..... | Meriden |
| Outerson, A. M. | Jefferson, '06..... | Hartford |
| Outerson, R. | Jefferson, '02..... | Windsor Locks |

Overlock, S. B., B.A., Colhy, '86 Bellevue, '89..... Pomfret
Owens, W. T. Univ. Vt., '99..... Hartford

Paine, R. C. Dartmouth, '00..... Thompson
Page, C. I. P. & S., N. Y., '90..... Litchfield
Park, C. E. Yale, '81..... New Haven
Parker, E. O., B.A., Harvard, '91 P. & S., N. Y., '96..... Greenwich
Parker, S. H. Univ. Va., '04..... Hartford
Parker, T. R. Univ. N. Y., '80..... Willimantic
Parlato, M. A. Yale, '08..... Derby
Parmelee, E. K. L. I. Hosp. Coll., '89..... Ansonia
Partree, H. T., B.A., Yale, '87 Yale, '92..... Torrington
Patterson, C. K. Tufts, '05..... Lakeville
Patterson, D. C. P. & S., Balt., '06..... Bridgeport
Peck, F. J. Univ. Mich., '92..... Ansonia
Peck, R. E., Ph.B., Yale, '90 Yale, '93..... New Haven
Peckham, L. C. Wom. Med. Coll., Pa., '85..... New Haven
Perkins, C. H. P. & S., N. Y., '91..... Norwich
Perreault, J. N. Tufts, '07..... Danielson
Perry, E. F. L. I. Hosp. Coll., '97..... Putnam
Peters, H. LeB., B.A., Univ. N. B. McGill, '07..... Bridgeport
Petrocelli, G. G. Univ. Naples, '05..... Middletown
Phelps, C. D., B.A., Amherst, '89;
M.A., Amherst, '97 P. & S., N. Y., '95..... West Haven

Phelps, S. E. McGill, '99..... Farmington
Philip, R. G. Wom. Med. Coll., N. Y. Inf., '75, Stamford
Phillips, A. N. P. & S., N. Y., '83..... Stamford
Phillips, F. L., Ph.B., Yale, '02 Yale, '06..... New Haven
Pierce, E. W. Univ. N. Y., '85 Meriden
Pierson, J. C. Tufts, '03..... Hartford
Pierson, S. P. & S., N. Y., '81..... Stamford
Pike, E. R. Univ. Mich., '98..... East Woodstock
Pinney, A. W. Hahn. Med. Coll., Phila., '00..... Norfolk
Pinney, R. W. P. & S., N. Y., '88..... Derby
Pitman, E. P., B.A., Dart., '86 Dartmouth, '91..... New Haven
Platt, D. P. N. Y. Univ. & Bell. Hosp., '09... Stamford
Platt, W. L. P. & S., N. Y., '81..... Torrington
Plumstead, M. W. Jefferson, '87..... East Haddam
Plunkett, T. F. L. I. Coll. Hosp., '08..... Derby
Pomeroy, N. A. P. & S., N. Y., '96..... Waterbury
Pons, L. J. Univ. Vt., '85..... Devon
Porter, D. W., B.A., Yale, '08 Harvard, '12..... New Haven
Porter, I. N., B.A., Lincoln, '90 Yale, '93..... New Haven
Porter, W., Jr. Chicago Med. Coll., '81..... Hartford
Potter, F. E. P. & S., N. Y., '89..... Portland
Powers, J. T. H. P. & S., Balt., '10..... Bridgeport
Pratt, A. M. Bellevue, '92..... Deep River
Pratt, E. P. & S., N. Y., '87..... Torrington
Pratt, E. L. Univ. N. Y., '84..... Winsted
Pratt, L. I. Que., '79..... Taftville
Pratt, N. T., B.A., Trinity, '94;
M.A., Trinity, '97 Yale, '04..... Bridgeport

Prince, A. L. Yale, '10..... New Haven
Purdy, A. M. Univ. Mich., '84..... Mystic

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| Purinton, C. O., Ph.B., Yale, '97 | Yale, '00 | West Hartford |
| Purney, J. | Balt. Med. Coll., '06 | New Britain |
| Pyle, F. W., B.A., Yale, '97 | P. & S., N. Y., '02 | Bridgeport |
| Quinlan, R. V. | Balt. Med., Coll., '10 | Meriden |
| Quinn, J. F. | Balt. Med. Coll., '06 | Bridgeport |
| Quinn, R. J. | P. & S., Balt., '13 | Waterbury |
| Radom, F. | Wom. Med. Coll., '12 | Hartford |
| Rand, R. F., Ph.B., Yale, '95 | Johns Hopkins, '00 | New Haven |
| Randall, W. S., Ph.B., Yale, '83 | P. & S., N. Y., '86 | Shelton |
| Reardon, W. F. | Bellevue, '09 | Hartford |
| Reeks, T. E. | Univ. Md., '01 | New Britain |
| Reich, U. S. | Univ. Va., '09 | Bridgeport |
| Reidy, D. D. | Med. Chi., Phila., '99 | Winsted |
| Reidy, M. J. | P. & S., N. Y., '10 | Winsted |
| Reilly, F. H. | Yale, '97 | New Haven |
| Reilly, J. M. | Yale, '78 | New Haven |
| Reilly, W. A. | Bellevue, '98 | Naugatuck |
| Reinert, E. G. | Balt. Med. Coll., '95 | Hartford |
| Reynolds, H. St.C. | Yale, '10 | New Haven |
| Reynolds, H. S. | Alhany Med., '14 | Hartford |
| Reynolds, W. G., B.A., Yale, '95 | Yale, '97 | Hotchkissville |
| Rice, R. W. | P. & S., Balt., '09 | South Manchester |
| Rice, W. E. | Univ. Mich., '72 | Stamford |
| Richards, W. S. | Univ. N. Y., '89 | Winsted |
| Richardson, D. A. | Yale, '81 | Derby |
| Rinde, H., N. Dakota, '02 | Johns Hopkins, '08 | Middletown |
| Rindge, M. P. | P. & S., Cleveland, '05 | Madison |
| Ring, H. W., B.A., Bowdoin, '79; M.A., Bowdoin, '82 | Me. Med. Coll., '87 | New Haven |
| Riordan, M. D. | Univ. Vt., '12 | Waterbury |
| Rising, H. B. | Yale, '95 | South Glastonbury |
| Robbins, C. H. | Balt. Med. Coll., '95 | New Haven |
| Robbins, G. O. | Yale, '79 | Waterbury |
| Rohhins, J. W. | Bellevue, '80 | Naugatuck |
| Roberts, E. R. | Bowdoin, '13 | Bridgeport |
| Robinson, J. | P. & S., N. Y., '98 | New Britain |
| Robinson, M. P. | Yale, '95 | Windsor Locks |
| Robinson, P. S., Ph.B., Yale, '89 | Yale, '91 | New Haven |
| Roch, E. | Victoria School, Montreal, North Grosvenordale | |
| Roche, T. J. | P. & S., Balt., '11 | Bridgeport |
| Rockwell, T. F. | Univ. N. Y., '81 | Rockville |
| Rodman, C. S. | P. & S., N. Y., '68 | Waterbury |
| Rogers, J. F. | Yale, '05 | New Haven |
| Rogers, P. H. | Yale, '12 | West Haven |
| Rogers, T. W. | P. & S., N. Y., '90 | New London |
| Roller, R. D., Jr., B.A., W. Va., '00 | Univ. Coll. Med., '05 | Bridgeport |
| Ronayne, F. J. | Yale, '04 | Hartford |
| Rooney, J. F. | Balt. Med. Coll., '03 | Hartford |
| Root, E. K. | Univ. N. Y., '79 | Hartford |
| Root, J. E., B.S., Boston Univ., '76 | P. & S., N. Y., '83 | Hartford |
| Rowe, M. J. | P. & S., Balt., '96 | Bridgeport |
| Rowley, A. M. | Univ. Vt., '97 | Hartford |

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| Rowley, J. C., B.A., Harvard, '02 | Harvard, '06..... | Hartford |
| Rowley, R. L. | Yale, '03..... | Hartford |
| Ruland, F. D. | P. & S., N. Y., '89..... | Westport |
| Russ, H. C., B.A., Yale, '02 | Johns Hopkins, '06..... | Hartford |
| Russell, E. | Univ. Penn., '04..... | Waterbury |
| Russell, G. W. | Bellevue, '96..... | Waterbury |
| Russell, T. H., Ph.B., Yale, '06 | Yale, '10..... | New Haven |
| Russell, W. S. | Yale, '80..... | Wallingford |
| Ryan, P. J. | Niagara, '98..... | Hartford |
| Ryan, T. M., B.A., Loyola Coll. | Balt. Med. Coll., '02..... | Torrington |
| Ryder, R. H. | P. & S., Balt., '13..... | Waterbury |
| Sagarino, J. F. | P. & S., N. Y., '13..... | Hartford |
| Sandy, W. C., B.A., Columbia, '98 | P. & S., N. Y., '01..... | Middletown |
| Sanford, C. E. | Yale, '06..... | New Haven |
| Sanford, L. C., B.A., Yale, '90 | Yale, '93..... | New Haven |
| Sanford, W. H. | Balt. Med. Coll., '95..... | New Haven |
| Sansone, N. M. | Denver Med. Coll., '02..... | Bridgeport |
| Scarbrough, M. McR., B.A., Univ. of Oregon, '02; M.A., Yale, '05 | Yale, '07..... | New Haven |
| Schavoir, F. | P. & S., Balt., '87..... | Stamford |
| Scholl, R. F. | Yale, '12..... | New Haven |
| Schuele, G. J. | Yale, '08..... | Bridgeport |
| Schulz, H. S. | Hahn., Phila., '01..... | Bridgeport |
| Scofield, E. J. S. | Univ. N. C., '08..... | Danbury |
| Scrimgeour, A. | L. I. Coll. Hosp., '09 | Bridgeport |
| Sears, C. A. | Univ. N. Y., '62..... | Portland |
| Sedgwick, J. T. | Univ. N. Y., '81..... | Litchfield |
| Segnalla, E. | Yale, '12..... | New Haven |
| Segur, G. C. | P. & S., N. Y., '82..... | Hartford |
| Sbannon, T. J. | Balt. Med., '99..... | Falls Village |
| Sharpe, E. T. | Univ. N. Y., '95..... | Derby |
| Sharpe, H. R. | Univ. Vt., '00..... | Manchester |
| Shea, J. F. | P. & S., Balt., '11..... | Bridgeport |
| Sheahan, M. J. | Yale, '96..... | Derby |
| Sheahan, W. L. | P. & S., Balt., '12..... | New Haven |
| Shelton, G. A., M.A. (Hon.), Yale, '91 .. | Yale, '69..... | Sbelton |
| Sherer, H. C. | Univ. N. Y., '92..... | South Norwalk |
| Sberman, F. A. | Wom. Med. Col., N. Y., '91.... | Address unknown |
| Sherrill, G. | P. & S., '91..... | Stamford |
| Shirk, S. M. | Hahn., Phila., '97..... | Stamford |
| Simmons, W. N. | Univ. Vt., '89..... | Tolland |
| Simonds, C. E. | Univ. N. Y., '97..... | Willimantic |
| Simonton, F. F. | Me. Med. Sc., '03..... | Thompsonville |
| Simpson, F. T., B.A., Yale, '79 | Bowdoin, '84..... | Hartford |
| Skiff, F. S. | Univ. N. Y., '88..... | Falls Village |
| Skiff, S. E. | Hahn., Phila., '03..... | New Haven |
| Skiff, W. C. | Yale, '91..... | New Haven |
| Skinner, C. E., LL.D. Rutherford, N. C., '00 | Yale, '91..... | New Haven |
| Slattery, M. D. | Yale, '93..... | New Haven |
| Slemons, J. M. | Johns Hopkins, '01..... | New Haven |
| Sloan, T. G. | P. & S., N. Y., '99..... | South Manchester |
| Smail, M. L. | Univ. Vt., '93..... | Mystic |

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| Smirnow, M. R. | Yale, '06..... | New Haven |
| Smith, A. C. | P. & S., Balt., '10..... | Danbury |
| Smith, C. F. | N. Y. Homeo. Coll., '84..... | Wallingford |
| Smith, D., B.A., Yale, '96 | Yale, '99..... | Bridgeport |
| Smith, D. P., B.A., Yale, '10 | Yale, '12..... | Meriden |
| Smith, E. H., B.A., Amherst, '85 | P. & S., N. Y., '89..... | Redding |
| Smith, E. L. | Yale, '96..... | Waterbury |
| Smith, E. M. | P. & S., N. Y., '82..... | Bridgeport |
| Smith, E. T., M.A., Trinity, '03 Hon. | Yale, '97..... | Hartford |
| Smith, E. W., B.A., Yale, '78 | McGill, Mont., '82..... | Meriden |
| Smith, F. DeW. | Habn., '10..... | Guilford |
| Smith, F. L. | Univ. N. Y., '75..... | Stafford Springs |
| Smith, F. L. | Albany, '83..... | Bridgeport |
| Smith, F. M. | Univ. Vt., '11..... | Willimantic |
| Smith, F. S., B.A., Yale, '79 | Yale, '82..... | Chester |
| Smith, G. A., B.A., Yale, '03 | Johns Hopkins, '07..... | Stepney |
| Smith, G. T. | Univ. Md., '97..... | Mansfield Depot |
| Smith, H. H. | Jefferson, '77..... | New Haven |
| Smith, M. | Univ. N. Y., '83..... | New Haven |
| Smith, S. R. | Med. Cbir. Phil., '16..... | Bridgeport |
| Smith, W. E. | Univ. Mich., '10..... | Stamford |
| Smykowski, B. L. | Balt. Med., '11..... | Bridgeport |
| Smyth, H. E. | McGill Univ., '84..... | Bridgeport |
| Sperry, F. N. | Yale, '94..... | New Haven |
| Spicer, E. | Yale, '05..... | Waterbury |
| Spier, S. L. | Yale, '04..... | New Haven |
| Sprague, C. H. | P. & S., N. Y., '04..... | Bridgeport |
| Standish, F. B. | Yale, '03..... | New Haven |
| Standish, J. H. | Univ. N. Y., '95..... | Hartford |
| Stanley, C. E. | Univ. Penn., '76..... | Middletown |
| Stanton, J. G., B.A., Amherst, '70 | Wurtzburg, '73..... | New London |
| Starr, R. S., B.A., Trinity, '97; M.A., Trinity, '00 | P. & S., N. Y., '01..... | Hartford |
| Staub, G. E. | L. I. Hosp. Coll., '93..... | New Milford |
| Staub, J. H. | L. I. Hosp. Coll., '99..... | Stamford |
| Steadman, W. G. | Bellevue, '74..... | Southington |
| Steele, H. M., Pb.B., Yale, '94 | Johns Hopkins, '02..... | New Haven |
| Steiner, W. R., B.A., Yale, '92; M.A., Yale, '95 | Johns Hopkins, '98..... | Hartford |
| Stern, C. S., B.A., C. C. N. Y., '88 | Bellevue, '91..... | Hartford |
| Stetson, J. E. | Yale, '81..... | New Haven |
| Stetson, P. R. | Yale, '02..... | New Haven |
| Stevens, C. N. | Tufts, '98..... | West Cornwall |
| Stevens, F. W. | Yale, '00..... | Bridgeport |
| Stevens, H. G. | Balt., '04..... | New Preston |
| Stewart, H. E. | Yale, '10..... | New Haven |
| Stilpben, H. L. | Univ. Vt., '13..... | National Soldiers' Home, Me. |
| Stoll, H. F. | P. & S., N. Y., '02..... | Hartford |
| Storrs, E. R. | Jefferson, '90..... | Hartford |
| Strang, R. H. W. | Univ. Penn., '04..... | Bridgeport |
| Strobel, J. E. | Temple, '09..... | Hartford |
| Strosser, H. | Univ. Berlin, '84..... | New Britain |
| Sullivan, D. | Univ. N. Y., '97..... | New London |
| Sullivan, D. F., B.A., Niagara Univ., '89.. | Niagara Univ., '91..... | Hartford |

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| Sullivan, J. B., Yale, '03 | Yale, '06 | New Haven |
| Sullivan, J. F., B.A., Yale, '90 | P. & S., N. Y., '94 | New Haven |
| Sullivan, M. J. | Cornell, '00 | Meriden |
| Sunderland, P. U. | N. Y. Hom. Med., '94 | Danbury |
| Swain, H. L. | Yale, '84 | New Haven |
| Swan, H. C. | Tufts, '03 | Hartford |
| Sweet, G. C. | P. & S., Balt., '12 | New Haven |
| Sweet, J. H. T. | Tufts, '12 | Hartford |
| Swenson, A. C. | Yale, '02 | Waterbury |
| Swett, P. P. | Univ. N. Y., '04 | Hartford |
| | | |
| Taft, C. E. | Harvard, '86 | Hartford |
| Taylor, J. C. | Univ. Mich., '91 | New London |
| Taylor, M. W. | Tufts, '05 | Hartford |
| Teele, J. E., B.A., Tabor, '85 | Wom. Med. Coll., Pa., '88 | New Haven |
| Tenney, A. J., Ph.B., Yale, '77 | Yale, '83 | Branford |
| Thihault, L. J. | Yale, '00 | Waterbury |
| Thoms, H. | Yale, '10 | New Haven |
| Thomson, T. L. | Hahn., Phil., '01 | Torrington |
| Thompson, E. J. | Wom. Med. Coll., N. Y., Inf., '96 | Hartford |
| Thompson, G. | Me. Med. Coll., '89 | Taftville |
| Thompson, W. N., B.A., Bates, '88 | Jefferson, '89 | Hartford |
| Tileston, W., Harvard, '95 | Harvard, '99 | New Haven |
| Tingley, W. K. | Bellevue, '86 | Norwich |
| Tinker, W. R. | Univ. N. Y., '80 | South Manchester |
| Tolles, B. I., B.A., Yale, '01 | Yale, '04 | Ansonia |
| Topping, J. R. | Univ. N. Y., '82 | Bridgeport |
| Townshend, R., Ph.B., Yale, '00 | P. & S., N. Y., '05 | New Haven |
| Tracey, D. W., Ph.B., Yale, '04 | Johns Hopkins, '08 | Hartford |
| Tracey, W. J. | Univ. N. Y., '89 | Norwalk |
| Tracy, R. G. | Yale, '00 | New Haven |
| Treat, W. H. | Yale, '06 | Derby |
| Trecartin, D. M. | Dartmouth, '94 | Bridgeport |
| Truex, E. H. | Univ. Louisville, '08 | East Hartford |
| Tuch, M. | Bellevue, '06 | Hartford |
| Tucker, G. E., B.S., Chicago | Med. Chi. Phil., '09 | Hartford |
| Tukey, F. M., B.A., Bowdoin, '91 | Harvard, '94 | Bridgeport |
| Turhert, E. J. | Balt. Med. Coll., '04 | Hartford |
| Turkington, C. H., Ph.B., Yale, '03 | Johns Hopkins, '07 | Litchfield |
| Turner, A. R., B.A., Amherst, '84 | Univ. Paris, '94 | Norwalk |
| Turrill, H. S., Ph.B., Yale, '06 | Yale, '10 | Kent |
| Tuttle, A. L. | Alhany, '88 | Kent |
| Tuttle, C. A., Ph.B., Yale, '88 | Yale, '90 | New Haven |
| Tuttle, F. J. | Univ. Vt., '98 | Naugatuck |
| Tynan, J. J. | P. & S., Balt., '07 | Torrington |
| | | |
| Upton, C. R. | L. I. Hosp. Coll., '78 | Bristol |
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| Vail, E. S. | N. Y. Homeo. Med. Coll., '82 | Thompsonville |
| Vail, G. F., B.S., Villanova, '98 | Univ. Penn., '02 | Hartford |
| Vail, T. E., Ph.B., Yale, '07 | Johns Hopkins, '11 | Thompsonville |
| VanStrander, W. H. | Univ. Vt., '00 | Hartford |
| Variell, A. | Bowdoin, '94 | Waterbury |
| Vastola, A. P. | Fordham, '12 | Waterbury |

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| Verdi, W. F., M.A. (Hon.), Yale, '14 | Yale, '94 | New Haven |
| Vernlund, C. F., B.S., S. Dak. State, '09 | Howard, '14 | Hartford |
| Wadhams, S. H. | Yale, '96 | care Surg. Gen., U. S. Army |
| Waite, F. L. | Bellevue, '88 | Hartford |
| Waite, R. L., Ph.B., '05 | Johns Hopkins, '09 | Hartford |
| Wales, F. J. | Univ. N. Y., '97 | Stepney Depot |
| Walsh, F. W. | P. & S., Balt., '85 | Rockville |
| Walsh, J. W. | P. & S., Balt., '07 | Portland |
| Walsh, T. P. | Univ. Vt., '02 | Middletown |
| Ward, H. W. | Balt. Med. Coll., '03 | Winsted |
| Ward, J. W. | P. & S., Balt., '07 | Portland |
| Warner, C. N. | Jefferson, '96 | Litchfield |
| Warner, G. H. | Yale, '97 | Bridgeport |
| Wason, D. B. | P. & S., N. Y., '00 | Bridgeport |
| Waterhouse, H. E. | P. & S., N. Y., '02 | Bridgeport |
| Waterman, P. | Cornell, '02 | Hartford |
| Waters, J. B. | Univ. Vt., '90 | Hartford |
| Watson, W. C. | L. I. Hosp. Coll., '97 | Bridgeport |
| Weadon, W. L. | Va. Med. Coll., '05 | Bridgeport |
| Weed, A. R. | Univ. Vt., '12 | New Haven |
| Weed, F. A. | Albany, '12 | Torrington |
| Weidner, C. | Univ. Ind., '93 | Hartford |
| Weil, A. | Bellevue, '14 | New Haven |
| Weir, J. M. | Queen's Univ., Kingston, Ont., '91 | Hartford |
| Welch, G. K. | P. & S., N. Y., '78 | Hartford |
| Welch, H. L., B.A., Yale, '94 | Yale, '97 | New Haven |
| Welch, T. F. | Georgetown, '04 | Hartford |
| Welch, W. C. | Yale, '77 | New Haven |
| Welden, E. B. | P. & S., Balt., '13 | Bridgeport |
| Weldon, T. H. | Univ. N. Y., '83 | South Manchester |
| Wells, D. B., B.A., Yale, '07 | Johns Hopkins, '12 | Hartford |
| Wells, E. A., B.A., Yale, '97 | Johns Hopkins, '01 | Hartford |
| Wersehe, F. W. | Univ. N. Y., '98 | Washington |
| West, R. B. | Univ. N. Y., '79 | Guilford |
| Westervelt, M. Z. | Homeo., N. Y., '99 | New Haven |
| Wheatley, L. F. | Tufts, '03 | Meriden |
| Wheeler, F. H., B.A., Yale, '80 | Yale, '82 | New Haven |
| Wheelock, A. A. | Univ. Vt., '97 | New Canaan |
| Whipple, B. N. | Yale, '07 | Bristol |
| White, B. W. | L. I. Hosp. Coll., '86 | Bridgeport |
| White, H. R. | Yale, '12 | New Haven |
| White, R. C. | Univ. Vt., '89 | Willimantic |
| Whiting, L. C. | Md. Med. Coll., '12 | New Haven |
| Whittemore, E. R., B.A., Yale, '98 | P. & S., N. Y., '02 | New Haven |
| Whittemore, F. H. | Bellevue, '74 | New Haven |
| Wiedman, O. G. | Univ. Penn., '05 | Hartford |
| Wight, G. D. | Bellevue, '87 | Bethel |
| Wilkes, L. A. | Univ. Penn., '10 | Bridgeport |
| Williams, F. S. | Northwestern, '05 | Bridgeport |
| Williams, C. M. | P. & S., N. Y., '98 | New York |
| Wilmot, L. H. | Univ. N. Y., '91 | Ansonia |
| Wilson, F. E. | Univ. Vt., '11 | Hartford |
| Wilson, J. C. | Univ. Vt., '04 | Hartford |

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| Wilson, L. A. | Yale, '10..... | Meriden |
| Wilson, McL. C. | Cornell Med. Sc., '04..... | West Hartford |
| Winne, W. N. | Univ. N. Y., '97..... | New Haven |
| Winship, E. O. | Univ. Vt., '00..... | New London |
| Witter, O. R. | P. & S., N. Y., '01..... | Hartford |
| Wolff, A. J. | Tex. Med. Coll., '76, Bellevue, '83, | Hartford |
| Woodford, C. N. | Univ. Louisville, '08..... | Naugatuck |
| Woodhouse, L. W. | Jefferson, '16..... | Terryville |
| Woodward, H. B., B.S., Wesleyan, '08 ... | Johns Hopkins, '12..... | Terryville |
| Wooster, C. M. | Univ. N. Y., '79..... | Tariffville |
| Worthen, T. W. | Dartmouth, '11..... | Hartford |
| Wright, A. B. | P. & S., N. Y., '95..... | Hartford |
| Wright, F. W. | Bellevue, '80..... | New Haven |
| Wright, G. H. | P. & S., N. Y., '94..... | New Milford |
| Wright, J. W., B.A., Amherst, '77 | Univ. N. Y., '80..... | Bridgeport |
| Wright, T. G. | Univ. N. Y., '55..... | New York |
| Wurtenburg, W. C., Ph.B., Yale, '89..... | Yale, '93..... | New Haven |
| | | |
| Yergason, R. M. | P. & S., Balt., '09..... | Hartford |
| Young, C. B. | P. & S., N. Y., '94..... | Middletown |
| Young, J. F. | P. & S., N. Y., '13..... | New London |
| Young, T. H. | Yale, '95..... | New Haven |
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| Zink, C. E., B.A., | Balt. Univ., '00..... | Durham |

